
MEDICAL EDUCATION AND DEMONSTRATION OF INDIVIDUAL COMPETENCE (MEDIC)

May 2009



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MEDICAL EDUCATION AND DEMONSTRATION OF INDIVIDUAL COMPETENCE (MEDIC)

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PREFACE

This training circular (TC) focuses on continuing education (CE) and validation of skills. It provides the commander guidelines for the Medical Education and Demonstration of Individual Competence (MEDIC). The goal of this endeavor is the knowledgeable precise administration of mission oriented critical tasks on which the tactical combat casualty care (TC3) of injured Soldiers depends. The philosophy of TC 8-800, dated June 2002 was largely based on the National Registry of Emergency Medical Technicians – Basic (NREMT-B) skill set. This version is based on TC3 principles.

To ensure utmost proficiency and preparedness, Soldiers with military occupational specialty (MOS) 68W (Health Care Specialist), regardless of additional skill identifier (ASI), demonstrate their medical skills ANNUALLY. This TC explains how commanders use the selected individual tasks and skill sheets addressed in this publication to develop, implement, and validate a training program to enhance and demonstrate the critical skills proficiency of these Soldier Medics. The tasks selected for training and testing address the three leading causes of preventable death on the battlefield: *hemorrhage, tension pneumothorax, and airway problems*. These are the critical life-saving skills indispensable at the point of wounding.

This publication discusses the Medical Operational Data System (MODS). It explains how commanders use MODS to record and track the training requirements of their Soldier Medics.

This publication includes guidance for commanders and trainers on the employment of individual training to support the unit's mission essential task list (METL) and collective training for Level I health service support units. It also supports the METL and casualty treatment for medical units at Level II and Level III.

Trainers using this TC should develop scenarios that reflect their unit-specific mission. Appendix B contains sample scenarios for this purpose; Department of the Army (DA) Form 7440-R (ACMS-VT Scenarios Development Tool) provides a tool for developing additional scenarios. Scenarios must be realistic, dynamic, and solvable with the resources available; the use of simulated casualties or mannequins is prerequisite.

For MOS qualification, Soldier Medics must meet certain requirements. TC 8-800 explains these requirements and how the Training and Validation Test Tables satisfy these requirements.

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This publication applies to the Active Army, the Army National Guard (ARNG)/Army National Guard of the United States (ARNGUS), and the United States Army Reserve (USAR) unless otherwise stated.

The proponent of this publication is the U.S. Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, AMEDDC&S, ATTN: MCCS-HTI, 1750 Greeley Road STE 135, Fort Sam Houston, Texas 78234-5078. Electronic submission of DA Form 2028 is authorized.

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Chapter 1

INTRODUCTION

1-1. General

a. The basic mission of the Army is to fight and win in combat. The mission of the Soldier Medic is to provide the medical treatment necessary to sustain the combat Soldier in support of the combat mission. Training Soldiers, leaders, and units is the vital ingredient that ensures the readiness of the force to accomplish this mission. To be effective, training must provide Soldier Medics with opportunities to practice their skills in the field. Conditions should be tough and realistic as well as physically and mentally challenging.

b. The Army has entered the new millennium with a greatly enhanced and redefined combat medic, the 68W Health Care Specialist. This new Soldier Medic embodies the spirit and tradition of the combat medic combined with a mandate for enhanced technical proficiency and medical competency. The Soldier Medic serves alongside our Army's combat Soldiers, as well as in our medical treatment facilities (MTF) around the world.

c. The skills of the Soldier Medic must be sustained because they are perishable. Many 68W duty positions do not allow opportunities for Soldier Medics to practice their skills on a routine basis. The Soldier Medic must be ready to save lives on the battlefield, and is therefore required to validate key medical skills every 12 months. The Training and Skills Validation Test Tables (Figure 1-1) include seven medical skills training tables and a skills validation test. These tables support the requirement for the Annual Combat Medic Skills – Validation Test (ACMS-VT), a hands-on test comprised of select critical skills.

d. Training Table VII includes tasks that are trained and used for treating patients in military operations other than war and is not tested in ACMS-VT. However, documented training of Table VII skills with documented training of the other training tables and the skills validation test provide the required credit for the biennial NREMT-B refresher course and CE hours to maintain NREMT-B certification. The training must be conducted by a qualified 68W noncommissioned officer (NCO) or medical officer. A medical officer must authenticate or document the training before it can be entered for record in the MODS database. For the purpose of this TC, a medical officer is considered to be a physician, registered nurse, or physician assistant.

e. It must be understood that CE hours are based on *completion of Training Tables I through VII*, not simply having the Soldier Medic complete Skills Validation Test Table VIII. In other words, having the Soldier Medic simply "test out" on Table VIII is not authorized; *CE hours will not be awarded on that basis.*

TRAINING TABLES	Table I	Trauma Assessment and Treatment
	Table II	Airway Management
	Table III	Intravenous Access, Medications, and Management
	Table IV	Medical Assessment and Treatment (including CBRN)
	Table V	Triage and Evacuation
	Table VI	Cardiopulmonary Resuscitation Management
	Table VII	Obstetrics, Gynecology, and Pediatric Treatment
ANNUAL SKILLS VALIDATION TESTING TABLE	Table VIII	Hands-on Skills Testing of Tables I-VI, Select Skills

Figure 1-1. Training and Validation Test Tables.

1-2. MOS Qualification

For MOS qualification, the Soldier Medic must meet the requirements listed below. Failure to meet these requirements can result in adverse personnel actions, including reclassification.

- a. Biennial emergency medical technician – basic (EMT-B) recertification by the NREMT in accordance with AR 40-68.
- b. Basic Life Support Healthcare Provider certification at healthcare provider level.

1-3. National Registry of Emergency Medical Technicians Certification

The following are required for biennial EMT-B recertification. These requirements are built into the training tables in Chapter 2. This TC specifies 48 hours of training each year. In a two-year cycle, completing the training outlined, Soldier Medics will satisfy all necessary requirements to sustain their NREMT-B certification.

- a. Cardiopulmonary resuscitation (CPR) certification at the healthcare provider level.
- b. Twenty-four hours of CE equivalency refresher training.

- c. Forty-eight hours of additional continuing education.
- d. Verification of skills maintenance.

1-4. Key Skills

a. Combat casualty care is the primary mission of the Soldier Medic. These casualty care skill sets include basic life support, patient assessment, hemorrhage control, fracture management, and the prevention and treatment of shock.

b. The core skills of the Soldier Medic largely overlap the competencies of the emergency medical technician (EMT); however, the Soldier Medic is more uniquely skilled than an EMT-B. These advanced core skills are related to advanced airway management, combat trauma management, morphine administration, and chemical, biological, radiological, and nuclear (CBRN) medical skills. These advanced skills are comparable to those of an Emergency Medical Technician – Intermediate (EMT-I) or Emergency Medical Technician – Paramedic (EMT-P) and must be sustained. The EMT skills are drawn from Department of Transportation standards and are used by civilian state and federal agencies and our sister military services.

1-5. Transition Process

a. The focus of this TC is sustainment training and skills validation testing; however, commanders should be aware of the MOS transition process for 68WY2 Soldiers in their command.

b. All MOS 91B Soldiers were reclassified to 91W (68W as of 1 October 2006) with a Y2 (in transition) ASI in October 2001. To have the Y2 ASI removed they are required to take and pass the training courses indicated below. Major criterion in MOS qualification transition is NREMT-B and BLS Healthcare Provider certification.

c. Soldiers who have graduated from the 68W10 Health Care Specialist Course since February 2002 and are NREMT-B certified are MOS qualified and do not require transition. Soldiers in the active Army were required to complete the transition process by 30 September 2007. Army Reserve and National Guard Soldiers have until 30 September 2009 to complete the following 68W transition training:

(1) *Enrollment in the 68W Transition Course.* A prerequisite for the course is BLS Healthcare Provider certification. Enrollment in the two-phase course is through the Army Training Requirements and Resources System or coordination with the local 68W transition sustainment site. The course consists of –

(a) *A NREMT-B certification course.* Soldiers must successfully complete an 80-hour course, phase one of the 68W Transition Course and obtain current NREMT-B certification.

(b) *The Combat Medic Advanced Skills Training (CMAST) course.* This 30-hour course, phase two of the 68W Transition Course, is comprised of the tenets of TC3 and elements of the Prehospital Trauma Life Support (PHTLS) course. The CMAST course is included as the trauma portion (Training Table I) of this TC. Training sites conducting this course must be an authorized CMAST training site. Submit application for site license through the Dean, Academy of Health Sciences, AMEDDC&S, to the U.S. Army EMT Program Manager (Department of Combat Medic Training) prior to conducting training.

(2) Soldiers holding MOS 68WY2 may take the Army or a state-approved EMT-B course. They must then pass the NREMT-B examination before they are allowed to progress to phase two of the 68W Transition Course, CMAST.

1-6. Other Transition Methods

a. Soldiers holding MOS 68W and selected for promotion to master sergeant at any time during the transition period are considered to be "grandfathered." When updated, MODS will automatically remove the Y2 ASI.

b. Soldiers holding MOS 68W and currently certified by the NREMT as an EMT-I or EMT-P will have the Y2 ASI removed from their MOS once they successfully complete the CMAST course.

Chapter 2

TRAINING STRATEGY

2-1. Training Life Cycle – Skills Sustainment

a. To be successful on the battlefield, commanders must know the capabilities of their weapons, support systems, and Soldiers. They should develop a training strategy that addresses a cyclic and progressive sustainment strategy needed to maintain the critical perishable skills of all Soldiers and, specifically, the Soldier Medic. The Soldier Medic must maintain current certification in NREMT-B and BLS Healthcare Provider-certified course.

b. TC 8-800 supports or supplements the unit training of Soldier Medics. It provides seven training tables with the associated training support packages (TSP) that have CE and refresher course credit that can be used for NREMT-B recertification. When the tasks in the training tables are *trained to standard* by a qualified 68W NCO or medical officer, and the training is documented by a medical officer, Soldier Medics meet the CE and biennial refresher course requirements for NREMT-B recertification. As previously stated, CE hours are awarded for *completion of the training in Tables I through VII*, not simply completing the testing in Table VIII. In the event that a 68W NCO or medical officer is not assigned, the documentation is forwarded to the next higher medical authority for validation of training.

c. For a commander's training strategy to be productive, the trainer must be effectively trained. A review of this circular provides a good start in training the trainer on the basics of the critical lifesaving skills proficiency required in Training Tables I through VII. If trainers are not trained to standard first, resources are wasted and Soldier deaths and injuries may occur.

d. Throughout the fiscal year, commanders and unit leaders use both scheduled and unscheduled time to accomplish collective and individual training. Unit leaders know what individual training is required for their Soldiers and are in the best position to conduct "Sergeants Time" or opportunity training to meet those individual training requirements.

e. Unit leaders must also identify a baseline for their Soldier Medic's knowledge and skills proficiency. When unit leaders are trained to standard in the tasks in Training Tables I through VII, they can clearly identify the training shortcomings of their Soldier Medics. They can then rectify those shortcomings before proficiency testing or actual combat casualty care treatment. The ability for unit leaders to retrain or reinforce training is absolutely critical. Retraining or reinforcement must be conducted as training shortcomings are identified.

f. The process of cyclic/sustainment training begins with individual training and the trainer using the "crawl-walk-run" method of training to achieve proficiency and the "Band of Excellence" in collective and individual task proficiency. Figure 2-1 shows the "Band of Excellence" and its relationship to Training Tables I through VII and ACMS-VT. The "When" column depicts when and where the training may occur based on the unit's operational tempo, training cycle, or ongoing operations. If individual tasks have been trained and Soldiers are proficient in their skills, the lanes portion can be integrated into ongoing operations at the battalion aid station, treatment squad, casualty collection point, ambulance exchange point, or

triage/treatment area of a level II or III MTF. These individual tasks are identified and combined in the collective "Provide Casualty Treatment" Army Training and Evaluation Program (ARTEP) mission events. In this TC, individual tasks are combined collectively to treat various patient conditions as they would develop and change using realistic scenarios. The training objectives are to develop individual skills proficiency in order to assess the casualty's condition, apply task skill sets collectively, and treat the critical elements associated with the casualty's wound(s) and condition. Soldier Medics must also understand "why and how" each task relates to the treatment process based on TC3 and acceptable medical practices.

Band of Excellence			
			When
Sustain	Individual tasks	"Crawl"	Sergeant's Time Concurrent Training Formal Classes
	To Standard		Lanes Training Concurrent Training Pre/Post FTX/ARTEP
Maintain	Training Tables Allow Individual Tasks to be Performed Collectively to Treat Patient Conditions to Standard	"Walk"	ACMS-VT
Achieve	Annual Combat Medical Skills-Validation Test	"Run"	

Figure 2-1. Band of Excellence.

g. Figures 2-2 through 2-9 show training matrixes relating individual critical tasks with the training tables and estimated train-up time for each table. Each table can be trained separately, though it is recommended the sequence be adhered to if trying to establish a knowledge baseline for Soldier Medics. A consolidated list of individual tasks that are designated as applicable to this TC may be found in Appendix A. The tasks are contained in the MEDIC supplement located at the 68W web site <http://www.cs.amedd.army.mil/68w/>.

h. The reference material used to conduct this training are the TSPs that support each Training Table, the PHTLS and Healthcare Provider CPR courses, and supplementary educational material from the EMT-B reference texts. The TSPs are available at the 68W web site <http://www.cs.amedd.army.mil/68w/>.

i. As trainers complete each Training Table, they should ensure that CE hours have been awarded through MODS. This will ensure proper documentation of training and prevention of accounting errors which are absolutely crucial to maintaining NREMT-B certification and MOS qualification. The MODS also allows commanders to determine the training and certification status of their Soldier Medics.

Trauma Assessment and Treatment Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table I CE: 24 Hours	081-831-0010	Measure a Patient's Respirations	Exists as the Combat Medic Advanced Skills Training (CMAST) TSP
	081-831-0011	Measure a Patient's Pulse	
	081-831-0018	Open the Airway	To use for transition, the site must be approved by Army EMS
	081-831-1046	Transport a Casualty	
	081-833-0033	Initiate an Intravenous Infusion	C191W1TC CMAST: Point of Wounding Care (1) C191W2TC CMAST: Tactical Combat Casualty Care (3) C191W3TC CMAST: Advanced Airway Techniques (3) C191W4TC CMAST: Chest Trauma Management (2) C191W5TC CMAST: Hemorrhage Control (5) C191W6TC CMAST: Hypovolemic Shock Management (4) C191W7TC CMAST: Battlefield Casualty Evacuation (2) C191W8TC CMAST: Casualty Triage (2) C191W9TC CMAST: International Humanitarian Law and the Geneva Conventions (2) C191WTCA CMAST: Written Examination (1) C191WTCL CMAST: Combat Trauma Lanes (5)
	081-833-0045	Treat a Casualty with an Open Abdominal Wound	
	081-833-0046	Treat a Casualty With an Impalement	
	081-833-0047	Initiate Treatment for Hypovolemic Shock	
	081-833-0049	Treat a Casualty with a Chest Injury	
	081-833-0070	Administer Initial Treatment for Burns	
	081-833-0080	Triage Casualties on a Conventional Battlefield	
	081-833-0141	Apply a Traction Splint	
	081-833-0154	Provide Basic Emergency Treatment for a Painful, Swollen, Deformed Extremity	
	081-833-0155	Perform a Trauma Casualty Assessment	
	081-833-0157	Provide Basic Emergency Medical Care for an Amputation	
	081-833-0161	Control Bleeding	
	081-833-0182	Apply a Reel Splint	
	081-833-0210	Apply a Tourniquet to Control Bleeding	
	081-833-0212	Apply a Pressure Bandage to an Open Wound	
	081-833-3007	Perform Needle Chest Decompression	
081-833-0211	Apply a Hemostatic Dressing		
081-833-0213	Perform a Tactical Casualty Assessment		
081-833-0227	Coordinate Casualty Treatment and Evacuation		
NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table I that may be applied toward NREMT-B recertification.			

Figure 2-2. MEDIC Table I.

Airway Assessment and Management Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table II CE: 4 Hours	081-831-0019	Clear an Upper Airway Obstruction	C191W161 Airway (EMT-B) (12)
	081-833-0016	Insert an Oropharyngeal Airway (J Tube)	C191W002 Airway Management (10)
	081-833-0017	Ventilate a Patient with a Bag-Valve-Mask System	C191W204 Head and Spine Injuries (EMT-B) (3)
	081-833-0018	Set Up a D-Sized Oxygen Tank	C191W001 Initial Assessment and Management of the Combat Casualty (25)
	081-833-0021	Perform Oral and Nasopharyngeal Suctioning of a Patient	C191W165 Patient Assessment (EMT-B) (19)
	081-833-0142	Insert a Nasopharyngeal Airway	C191W172 Respiratory Emergencies (EMT-B) (5)
	081-833-0158	Administer Oxygen	
	081-833-0169	Insert a Combitube	
	081-833-3005	Perform a Surgical Cricothyroidotomy	
<p>NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table II that may be applied toward NREMT-B recertification.</p>			

Figure 2-3. MEDIC Table II.

Intravenous Access and Medication Administration Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table III CE: 4 Hours	081-833-0033	Initiate an Intravenous Infusion	C191W082 Battlefield Medications (1)
	081-833-0034	Manage an Intravenous Infusion	C191W171 General Pharmacology (EMT-B) (1)
	081-833-0174	Administer Morphine	C191W055 Initiate and Manage an Intravenous Infusion (12)
	081-833-0179	Administer Medications	C191W201 Pharmacology For the Soldier Medic (2)
	081-833-0185	Initiate a FAST 1	C191W144 Tactical Combat Casualty Care (TC3) (11)
	081-835-3025	Initiate a Saline Lock	
<p>NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table III that may be applied toward NREMT-B recertification.</p>			

Figure 2-4. MEDIC Table III.

Medical Assessment and Treatment Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table IV CE: 6 Hours	081-831-0010	Measure a Patient's Respirations	C191W164 Baseline Vitals Signs and SAMPLE History (EMT-B) (6) C191W168 Communications and Documentation (EMT-B) (3) C191W177 Environmental Emergencies (EMT-B) (2) C191W056 Heat Injuries (1) C191W001 Initial Assessment and Management of the Combat Casualty (25) C191W047 Nerve Agents (1) C191W165 Patient Assessment (EMT-B) (19) C191W012 Spinal Trauma (1)
	081-831-0011	Measure a Patient's Pulse	
	081-831-0012	Measure a Patient's Blood Pressure	
	081-831-0038	Treat a Casualty for a Heat Injury	
	081-833-0083	Treat a Nerve Agent Casualty in the Field	
	081-833-0145	Document Patient Care Using Subjective Objective, Assessment, Plan (SOAP) Note Format	
	081-833-0156	Perform a Medical Patient Assessment	
	081-833-0164	Measure a Patient's Pulse Oxygen Saturation	
	081-833-0176	Treat a Casualty with a Suspected Spinal Injury	
	081-833-0224	Treat a Patient with an Allergic Reaction	
NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table IV that may be applied toward NREMT-B recertification.			

Figure 2-5. MEDIC Table IV.

Triage and Evacuation Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table V CE: 4 Hours	081-831-0033 081-831-0101 081-833-0080 081-833-0155 081-833-0177 081-833-0178 081-833-0181	Initiate a Field Medical Card Request Medical Evacuation Triage Casualties on a Conventional Battlefield Perform a Trauma Casualty Assessment Apply a Cervical Collar Apply a Kendrick Extrication Device Apply a Long Spine Board	C191W033 Evacuation Platforms (6) C191W021 Evacuation Request Procedures (4) C191W204 Head and Spine Injuries (EMT-B) (3) C191W001 Initial Assessment and Management of the Combat Casualty (25) C191W023 Introduction to the Medical Evacuation System (1) C191W027 Perform Casualty Triage (4) C191W012 Spinal Trauma (1) C191W144 Tactical Combat Casualty Care (TC3) (11) C191W035 U.S. Field Medical Card (FMC) (1)
<p>NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table V that may be applied toward NREMT-B recertification.</p>			

Figure 2-6. MEDIC Table V.

Cardiopulmonary Resuscitation Management Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table VI CE: Up to 4 Hours Not Required Annually Required for NREMT Recert	081-831-0018 081-831-0019 081-831-0046 081-831-0048 081-833-0158 081-833-0159 081-833-3027	Open the Airway Clear an Upper Airway Obstruction Administer External Chest Compressions Perform Rescue Breathing Administer Oxygen Treat a Cardiac Emergency Manage Cardiac Arrest Using Automated External Defibrillator	C191W165 Patient Assessment (EMT-B) (19) C191W161 Airway (EMT-B) (12) C191W002 Airway Management (10) C191W173 Cardiovascular Emergencies (EMT-B) (14) C191W025 Cardiopulmonary Resuscitation (CPR) (20) C191W001 Initial Assessment and Management of the Combat Casualty (25)
<p>NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table VI that may be applied toward NREMT-B recertification.</p>			

Figure 2-7. MEDIC Table VI.

Obstetrics and Gynecology / Pediatric Management Skills			
Training Table	Task Numbers	Collective/Individual Tasks	Training Support Packages
Table VII CE: 2 Hours	081-833-0116 081-833-0156	Assist in Vaginal Delivery Perform a Medical Patient Assessment	C191W164 Baseline Vitals Signs and SAMPLE History (EMT-B) (6) C191W185 Pediatric Assessment (EMT-B) (2) C191W001 Initial Assessment and Management of the Combat Casualty (25) C191W184 Obstetrics and Gynecological Emergencies (EMT-B) (6) C191W165 Patient Assessment (EMT-B) (19) C191W186 Pediatric Emergencies (7)
NOTE: The number in parentheses following the TSP title reflects the number of CE hours available upon completion of requirements for that particular TSP. The CE hours in the first column reflect the maximum number of hours from Table VII that may be applied toward NREMT-B recertification.			

Figure 2-8. MEDIC Table VII.

Training Table	Task Numbers	Collective/Individual Task	Training Support Package
Table VIII Validation	All except Table VII	Trauma Assessment and Treatment, Airway Assessment and Management, Intravenous Access and Medication Administration, Medical Assessment and Treatment, Triage and Evacuation, and CPR Management. All skills will be evaluated by unit-specific scenarios using multiple tasks to manage and treat a patient condition.	Reproducible grading sheets are in the back of this TC

Figure 2-9. MEDIC Table VIII.

k. When Soldier Medics have completed a train-up of all critical tasks associated with Training Tables I through VII and have performed skills to standard, commanders should conduct Table VIII, ACMS-VT. *All Soldier Medics in grades E7 and below, regardless of transition status must take and pass the ACMS-VT by demonstrating proficiency on each skill.* The validating official will ensure that each Soldier Medic has completed all tasks and annotate the results on DA Form 7442-R [Tracking Sheet – (Table VIII)]. Only individuals who successfully pass all tasks in Table VIII will be reported in MODS.

l. Commanders may use combat lanes to train their Soldiers, combat lifesavers, and Soldier Medics in first aid/buddy aid and trauma and evacuation skills. The use of TC3 in tactics, techniques, and procedures reinforces care *under fire* at the point of wounding.

2-2. Validation of Sustainment Training

a. All Soldier Medics are required to obtain and maintain –

- (1) National Registry of Emergency Medical Technicians – Basic certification.
- (2) Basic Life Support Healthcare Provider certification at healthcare provider level.

b. The NREMT requires the following for Soldier Medics to maintain a two-year EMT-B certification: The Soldier Medic must successfully complete the following and provide certification documentation to remain MOS qualified:

- (1) Forty-eight hours of CE.
- (2) Twenty-four hours of EMT-B refresher training.
- (3) Basic Life Support Healthcare Provider certification at healthcare provider level.
- (4) Verification of skills proficiency.

c. Validation of skills proficiency using Table VIII of ACMS-VT will satisfy the direct observation of skills requirement and achieve the "Band of Excellence" when Soldier Medics complete all skills successfully.

d. Training Tables I through VII also have associated CEs. Training support packages support each training table and provide the CE hours the Soldier Medic can attain when the trainer validates that the TSP has been instructed to standard and has been properly documented. Training must be conducted by a qualified 68W NCO or medical officer. Training must be performed didactically and hands-on, must be documented on the unit's training schedule, and validated by the commander, medical officer, or designated senior NCO authorized by the unit commander.

e. Report through MODS, each Individual's training specifics regarding:

- (1) Subject course, training and/or TSP and associated hours.
- (2) Lanes training, with associated training hours; included would be collective training in live fire exercises or ARTEP mission events.
- (3) Annual Validation test and date the Soldier successfully passed all tasks associated with the patient condition in Table VIII.

NOTE

Trainers earn CE hours for the time spent training Soldiers/Soldier Medics in medical subjects that are documented and validated by a medical officer. This includes self aid/buddy aid training and the combat lifesaver course, as well as subjects instructed in support of TC 8-800.

2-3. Medical Operational Data System

a. The MODS training database is a user-friendly system for tracking the skill readiness of 68W Soldiers. It allows commanders to track the MOS qualification and CE status of their soldiers.

b. Commanders and their designated representatives can obtain the information above on individual or unit Soldier Medics to assess the training and sustainment status. This information can be tracked at company through major Army command level.

c. The 68W tracking system helps organize training status information and provides a universal system for the active Army, Army Reserve, and Army National Guard. The system reflects the current inputted status of all 68W sustainment training for recertification, skills validation and transition training for the removal of Y2 designator.

d. Commanders and their representatives can obtain information on the MODS website at: <http://www.mods.army.mil> and clicking on the MODS homepage. The MODS interfaces with data in numerous Army and Department of Defense databases and presents it in a concise package. Among others, MODS is linked to:

- (1) The Total Army Personnel Database (Active, Reserve, & National Guard).
- (2) The Enlisted Master File.
- (3) The Personnel Manning Authorization Document.
- (4) The Army Authorization Documenting System.
- (5) The Army Training Requirements and Resources System.
- (6) The National Registry of Emergency Medical Technicians.

They can also email their questions or comments regarding MODS to: MODS-Help@asmr.com.

NOTE

The U.S. Army Emergency Medical Service Director has authorized the unit training NCO to sign the NREMT-B reregistration form as the Verifying Signature for CPR certification and Training Director and Training Officer. The reregistration form can be downloaded from the NREMT web site: <http://www.nremt.org>

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Chapter 3

SKILLS VALIDATION TESTING

3-1. Introduction

a. Skills validation testing ensures that Soldier Medics maintain critical skills-proficiency to support the tactical combat casualty care mission and remain MOS qualified by retaining their NREMT-B certification. Skills validation also validates the commander's training program. It supports the unit's mission training objective because the selected individual tasks support the collective tasks.

b. The key to the Annual Combat Medic Skills - Validation Test is the Soldier Medic's demonstrated ability to perform hands-on life-saving tasks to standard. In administering the ACMS-VT, this essential concept must not be lost or obscured by enthusiasm for simulators and high-tech simulations. The use of simulations and varied scenarios to add variety, realism, and interest is authorized, but they must not detract from the essence of the training and testing. It is ultimately the individual Soldier Medic's performance of these medical skills to the prescribed standard that must be tested and validated.

NOTE

Simulation is a tool, not the goal of training.

c. The Medical Simulation Training Center has the capability to host units for Table VIII testing in a combat-simulated environment.

3-2. Annual Combat Medic Skills – Validation Test

a. *Objective.* The objective of the ACMS–VT is to validate the Soldier Medic's ability to apply 68W EMT-B skills (trauma, medical, CBRN, and triage and evacuation) in a scenario consistent with casualties at Levels I and II healthcare support.

b. *Requirements.*

- (1) The Soldier Medic must demonstrate proficiency on all ACMS-VT skill sheets.

NOTE

Employ safety and environmental protection procedures in accordance with AR 385-10, AR 200-1, and applicable tactical standing operating procedures. Risk management process must be used in accordance with Field Manual (FM) 7-1 and FM 5-19.

(2) The Soldier Medic will use a medical aid bag stocked with unit-specific basic load or whichever system the unit uses for the field management of casualties. A recommended minimum packing list to be provided by the ACMS-VT coordinator is in Appendix C.

(3) The Soldier Medic is placed in a scenario with three to five simulated casualties. Each casualty will have a maximum of two injuries that must receive proper treatment. At a minimum, the Soldier Medic will –

- (a) Assess, stabilize, extract, and properly treat a trauma casualty.
- (b) Perform appropriate life-saving measures on a medical casualty.
- (c) Assess and provide emergency care to a CBRN casualty.
- (d) Triage and evacuate at least one of the above casualties.

(4) Retesting of a failed skill station or individual skill sheet will be accomplished after immediate retraining or a more formalized training session. Either approach is based on available resources and the Soldier Medic's individual performance.

NOTE

Soldier Medics being evaluated will not be used as casualties.

c. *Tasks.* Tasks are tested at skill stations using reaction-style, scenario-based testing. Figure 3-1 provides a suggested skill grouping, but should not be considered the only option.

Suggested Skills Grouping				
Scenario	Skill Stations	Skill Sheets		
Trauma Management Skills	I(A)	Casualty Assessment in a Tactical Environment 081-833-0155 Perform a Trauma Casualty Assessment		
	I(B)	Hemorrhage Control 081-833-0212 Apply a Pressure Bandage to an Open Wound 081-833-0161 Control Bleeding 081-833-0210 Apply a Tourniquet to Control Bleeding 081-833-0211 Apply a Hemostatic Dressing 081-833-0157 Treat a Casualty with an Amputation 081-833-0046 Apply a Dressing to an Impalement Injury		
		I(C)	Treat a Chest Wound 081-833-0049 Treat a Casualty with a Chest Injury 081-833-3007 Perform Needle Chest Decompression	
			I(D)	Stabilize a Fracture 081-833-0141 Apply a Traction Splint 081-833-0182 Apply a Reel Splint 081-833-0154 Provide Basic Emergency Treatment for a Painful, Swollen, Deformed Extremity
		III(A)		Initiate an IV/Saline Lock 081-835-3025 Initiate a Saline Lock 081-833-0033 Initiate an Intravenous Infusion 081-833-0185 Initiate a Fast 1 081-833-0047 Initiate Treatment for Hypovolemic Shock
				III(B)
			Medical Management Skills	IV(A)
	II			
		VI		Manage Cardiac Arrest with an Automated External Defibrillator (AED) 081-833-3027 Manage Cardiac Arrest Using Automated External Defibrillator 081-833-0159 Treat a Cardiac Emergency 081-831-0046 Administer External Chest Compressions 081-831-0048 Perform Rescue Breathing
				VII(A)
VII(B)				
				CBRN; Triage and Evacuation
V(A)	Initiate a Field Medical Card 081-831-0033 Initiate a Field Medical Card			
	V(B)	Initiate a 9 Line MEDEVAC Request 081-831-0101 Request Medical Evacuation		
V(C)		Package a Casualty for Evacuation 081-833-0227 Coordinate Casualty Treatment and Evacuation 081-831-1046 Transport a Casualty		
	MEDIC	VIII	Testing of the Above Skills on the TC 8-800 Tracking Sheet	

Figure 3-1. Suggested skills grouping.

3-3. ACMS-VT Coordinator Instructions

a. Any fully qualified/transitioned 68W (not carrying the Y2 ASI) may perform duties as an evaluator. To ensure that the ACMS-VT operates smoothly, evaluators should be required to rehearse their roles and responsibilities during the rehearsal/evaluation process. To ensure consistent performance throughout the validation test, the ACMS-VT coordinator should assemble the evaluators and give procedural instructions prior to the start of testing. The ACMS-VT coordinator may find the planning matrix (figure 3-2) extracted from FM 7-1 helpful in ACMS-VT planning, execution, and recovery.

<i>Prepare For Validation Testing</i>	<i>Conduct Validation Testing</i>	<i>Recover From Validation Testing</i>
Select tasks Plan training Train trainers Recon site Identify training equipment Conduct risk assessment Issue training/operations plan Rehearse Conduct pre-execution checks	Conduct precombat checks Supervise, evaluate hazard controls Implement hazard controls Execute training Conduct after action review Retrain at first opportunity	Conduct after operations maintenance checks & services Account for equipment Turn in support items Close out training sites Conduct after action reviews Conduct Individual Soldier recovery Conduct final inspections Conduct risk management assessment & review

Figure 3-2. Planning matrix.

b. The ACMS-VT coordinator may find that a different skill grouping is more appropriate for individual unit settings. Use the scenarios in Appendix B or equivalent for testing. For helpful hints, refer to the following and figures 2-2 through 2-9 and 3-1.

- (1) To reduce time requirements –

NOTE

It takes one Soldier Medic approximately two hours to complete the ACMS-VT.

- (a) Evacuate a previously treated medical or CBRN casualty.
- (b) Ensure that evaluators are familiar with the skill sheets and the signs and symptoms of the casualty associated with the assigned scenario.
- (c) Set up an additional trauma station; test at one while reconstituting the other.

(d) Have two evaluators per station. One will grade and the other will provide the scenario and conditions and instruct the Soldier Medic when appropriate.

(2) To add realism, use live casualties whenever possible.

3-4. Evaluator Instructions

a. It is essential that once a scenario is established for a skill station, it be used for all Soldier Medics being testing. This ensures consistency of the evaluation.

WARNING

Every Soldier Medic will be tested on morphine administration. Use saline-filled syringes in lieu of actual morphine.

b. The test is comprised of scenario-based stations that require some dialogue between the evaluator and the Soldier Medic. The evaluator should not coach the Soldier Medic, except to start or stop an evaluation. For example, a Soldier Medic takes a 'real' blood pressure and pulse and reports normal values to the evaluator. This validates the Soldier Medic's ability to take a blood pressure and pulse. The evaluator can then provide the vital signs to be used in treating the casualty, such as, "a blood pressure of 100/40, pulse of 120 and thready." The evaluator should not react, either positively or negatively, to anything the Soldier Medic says or does in the treatment process.

c. The Soldier Medic is required to physically accomplish all assessment steps listed on the skill sheets. Because of the limitations of moulage on a simulated casualty or mannequin, the evaluator must establish a dialogue and provide feedback to the Soldier Medic. If a Soldier Medic quickly inspects, assesses, or palpates the casualty in a manner that lends uncertainty to the areas or functions being assessed, immediately ask the Soldier Medic to explain those actions. For example, if the Soldier Medic stares at the casualty's face, the evaluator should ask "what is being assessed?" The evaluator will supply information pertaining to sight, sound, touch, smell, and injury that cannot be realistically moulaged, but would be immediately evident in a real casualty encounter. This information will be supplied as soon as the Soldier Medic exposes or assesses that area of the casualty.

d. All skill stations require either a live simulated casualty or a mannequin. If a live simulated casualty is used, the evaluator will brief the casualty as to how to respond to treatment throughout the scenario as the Soldier Medic conducts the assessment.

e. Trauma moulage should be used as appropriate. Avoid excessive or overly dramatic use of moulage because it must not interfere with the Soldier Medic's ability to expose the victim for assessment.

f. Vital signs are obtained during the focused history and physical exam; however, this should not be construed as the only time that vital signs may be obtained. It is merely the earliest point in a prehospital assessment when they may be accomplished.

g. Vital signs are obtained after the scene assessment and initial assessment are completed and critical life-saving interventions, such as airway, breathing, circulation (ABCs), have been performed. As previously stated, the scenario format for trauma assessment and airway skill stations require the evaluator to provide the Soldier Medic with essential information pertaining to sight, sound, smell, or touch throughout the evaluation process.

h. The Soldier Medic may direct an assistant to obtain casualty vital signs. The evaluator must provide the Soldier Medic with medically appropriate data for the casualty's pulse rate, respiratory rate, and blood pressure when asked. This allows the Soldier Medic to confirm, if necessary, the vital signs provided and ensures that vital signs provided are consistent. For example, if a Soldier Medic provides correct treatment for hypoperfusion, do not offer inconsistent vital signs that deteriorate the casualty's condition; this may cause the Soldier Medic to assume that he or she has rendered inadequate or inappropriate care. Likewise, if a Soldier Medic provides inappropriate treatment for hypoperfusion, do not offer vital signs that improve the casualty's condition; this may cause the Soldier Medic to assume that he or she provided adequate care. The evaluator should not offer information that overly improves or deteriorates a casualty. Significant changes may invite the Soldier Medic to discontinue treatment or to initiate CPR, resulting in a failure for that skill station.

i. Each Soldier Medic is required to complete a detailed physical evaluation of the casualty. The Soldier Medic choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical evaluation en route to the hospital. The evaluator should be aware that the Soldier Medic may accomplish portions of the detailed physical evaluation during the rapid trauma assessment. For example, the Soldier Medic must inspect the neck prior to placing a cervical collar. The Soldier Medic will receive a failure for the task if he or she fails to assess a body area prior to covering the area with a casualty care device. However, the Soldier Medic will receive a pass for the task if he or she unfastens the device while maintaining inline cervical stabilization, assesses the area, and replaces the device without compromising casualty care.

j. If two evaluators are not available, the preferred method of evaluating a Soldier Medic is to write the exact sequence he or she follows while performing the task. You may then use this documentation to complete the skill sheet after the Soldier Medic completes the station. This documentation validates the sequence on the skill sheet if questions arise later. Be sure to keep DA Form 7442-R current.

3-5. Skill Sheet Instructions

The evaluation process consists of at least one evaluator at each station observing the Soldier Medic's performance and recording it on a standardized skill sheet. The evaluator's role is that of an observer and recorder of events. Skill sheets (DA Forms 7595-R and 7595-1-R through 7595-37-R) (see titles in Table of Contents) have been developed for each of the stations. Instructions are provided within each skill sheet.

3-6. Soldier Medic Orientation

An important aspect of the ACMS-VT is the initial briefing and orientation of Soldier Medics. Assemble the Soldier Medics and instruct them in ACMS-VT procedures that are delineated in the orientation script. A recommended orientation script is provided below. Give the Soldier Medics clear and concise directions as to what is expected of them during the ACMS-VT. Make a special effort to put the Soldier Medics being evaluated at ease. Solicit questions regarding ACMS-VT sessions and answer them. Instruct the Soldier Medics being evaluated not to discuss the ACMS-VT with those waiting to be tested.

a. Orientation script. A standardized orientation script should be read aloud before each ACMS-VT session. The ACMS-VT coordinator normally reads the script. The following sample script contains the necessary and appropriate information:

“Welcome to the Annual Combat Medic Skills – Validation Test. I am [name and title]. By successfully completing ACMS-VT, you will have validated the skills required of a 68W Healthcare Specialist.”

“The evaluator will call you to the station when ready for testing. You are not permitted to remain in the testing area while waiting for the next station. You must wait outside the testing area until the test station is open and you are called.”

“Books, pamphlets, brochures, and other study material are prohibited in the station. You are not permitted to make copies or recordings of any station.”

“Each skill station evaluator will read aloud the "Instructions to the Soldier Medic" exactly as printed on the skill sheet. This information will be read aloud to each Soldier Medic being evaluated in the same manner to ensure consistency and fairness. Pay close attention to the instructions. You will be provided information pertaining to the scenario and given instructions for actions to take at that skill station.”

“The evaluator will offer to repeat the instructions and ask if you understand them. Do not ask for additional information as the evaluator is not permitted to provide any additional information.”

“Evaluators will avoid casual conversation with you to assure fair and equal treatment of all Soldier Medics being evaluated.”

“Evaluators will remain neutral so as not to indicate to you a judgment regarding your performance at any skill station. Do not interpret any of the evaluator's remarks as an indication of your overall performance. Demonstrate your skills to the best of your ability.”

“As you progress through ACMS-VT, the evaluators will observe and record your performance in relation to the criteria listed on the skill sheets. Do not let their documentation practices influence your performance. There is no correlation between the volume of documentation and the quality of your performance.”

“You are encouraged to explain the things you do during your performance at the skill station.”

“The evaluator will inform you if a skill has a time limit during reading of the instructions. Inform the evaluator when you are finished. You may be asked to remove equipment from the casualty before leaving the test station.”

“The skill stations are supplied with equipment for your selection. You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the casualty. Do not feel obligated to use all the equipment.”

“You are not permitted to discuss details of any skill station with fellow Soldier Medics at any time. Please be courteous to the Soldier Medics being evaluated by keeping noise to a minimum. Be prompt in reporting to each test station.”

“Failure to validate competency at a skill station should be used to focus on these skills during sustainment training. Repeating the skill station will be accomplished after either immediate retraining or after more formalized training based on the situation and timeframe of the ACMS-VT session.”

“The ACMS-VT results are reported as either pass or failure. You will receive a detailed critique of your performance on any skill not validated.”

“Please remember that today's evaluation is a skills validation test. The purpose of the ACMS-VT is to validate your competency in the critical skills necessary of the 68W Healthcare Specialist.”

Are there any questions at this time?”

b. Minimum instructions. The following are the minimum instructions to be given:

- (1) Follow the staff's instructions.
- (2) Move only to areas directed by the staff.
- (3) Give your name when you arrive at each station.
- (4) Listen carefully as the evaluator reads the testing scenario.
- (5) Ask questions if the instructions are not clear.
- (6) Do not talk about the ACMS-VT with anyone other than the skill station evaluator, simulated casualty, and, if applicable, Soldier Medic assistant.
- (7) Equipment will be provided. Select and use only that which is necessary to care for your casualty adequately.

3-7. Simulated Casualty's Role

The simulated casualty is responsible for an accurate and consistent portrayal as the victim in the station scenario. The evaluator will brief the casualty on his or her particular role. The casualty's comments concerning the Soldier Medic's performance should be noted on the reverse side of the skill sheet. These comments should be as brief and objective as possible so that they can be used in the final scoring of the Soldier Medic's performance.

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Appendix A

081-831-0010	Measure a Patient's Respirations
081-831-0011	Measure a Patient's Pulse
081-831-0012	Measure a Patient's Blood Pressure
081-831-0018	Open the Airway
081-831-0019	Clear an Upper Airway Obstruction
081-831-0033	Initiate a Field Medical Card
081-831-0038	Treat a Casualty for a Heat Injury
081-831-0046	Administer External Chest Compressions
081-831-0048	Perform Rescue Breathing
081-831-0101	Request Medical Evacuation (STP 21-24-SMCT, Skill Level 2)
081-831-1046	Transport a Casualty (STP 21-1-SMCT, Skill Level 1)
081-833-0016	Insert an Oropharyngeal Airway (J-TUBE)
081-833-0017	Ventilate a Patient with a Bag-Valve-Mask System
081-833-0018	Set up a D-Sized Oxygen Tank
081-833-0021	Perform Oral And Nasopharyngeal Suctioning of a Patient
081-833-0033	Initiate an Intravenous Infusion
081-833-0034	Manage an Intravenous Infusion
081-833-0045	Treat a Casualty with an Open Abdominal Wound
081-833-0046	Apply a Dressing to an Impalement Injury
081-833-0047	Initiate Treatment for Hypovolemic Shock
081-833-0048	Manage an Unconscious Casualty
081-833-0049	Treat a Casualty with a Chest Injury
081-833-0070	Administer Initial Treatment for Burns
081-833-0080	Triage Casualties on a Conventional Battlefield
081-833-0083	Treat a Nerve Agent Casualty in the Field
081-833-0116	Assist in Vaginal Delivery
081-833-0141	Apply a Traction Splint
081-833-0142	Insert a Nasopharyngeal Airway
081-833-0145	Document Patient Care using Subjective, Objective, Assessment, Plan (SOAP) Note Format
081-833-0154	Provide Basic Emergency Treatment for a Painful, Swollen, Deformed Extremity
081-833-0155	Perform a Trauma Casualty Assessment
081-833-0156	Perform a Medical Patient Assessment
081-833-0157	Treat a Casualty with an Amputation
081-833-0158	Administer Oxygen
081-833-0159	Treat a Cardiac Emergency
081-833-0161	Control Bleeding
081-833-0164	Measure a Patient's Pulse Oxygen Saturation
081-833-0169	Insert a Combitube
081-833-0174	Administer Morphine
081-833-0176	Treat a Casualty with a Suspected Spinal Injury
081-833-0177	Apply a Cervical Collar
081-833-0178	Apply a Kendrick Extrication Device
081-833-0179	Administer Medications
081-833-0181	Apply a Long Spine Board
081-833-0182	Apply a Reel Splint
081-833-0185	Initiate a FAST 1
081-833-0210	Apply a Tourniquet to Control Bleeding
081-833-0211	Apply a Hemostatic Dressing

081-833-0212	Apply a Pressure Bandage to an Open Wound
081-833-0213	Perform a Tactical Casualty Assessment
081-833-0224	Treat a Patient with an Allergic Reaction
081-833-0227	Coordinate Casualty Treatment and Evacuation
081-833-3005	Perform a Surgical Cricothyroidotomy
081-833-3007	Perform Needle Chest Decompression
081-833-3027	Manage Cardiac Arrest Using AED
081-835-3025	Initiate a Saline Lock

Appendix B

Sample Scenarios

The following scenarios are provided as a baseline starting point. Individual units are encouraged to create scenarios that are specific to their unit and represent the types of patients they will most likely encounter.

TRAUMA CASUALTY (Tables I, II, III)

You are the Soldier Medic supporting an infantry platoon. During a routine convoy, the platoon encounters a casualty in a high-mobility multipurpose wheeled vehicle (HMMWV) that has been struck by an improvised explosive device (IED.)

SCENE ASSESSMENT

Soldier Medic to state body substance isolation (BSI) precautions.

Scene Safety: The HMMWV is stable. The possibility of enemy contact is unknown. Perimeter defense has been established.

Mechanism of Injury: IED vs. HMMWV.

Number of Casualties: One.

Additional Assistance Required: None at present time.

Considers Stabilization of C-Spine: Should be considered.

INITIAL ASSESSMENT

General Impression: Casualty is sitting up; a bleeding laceration is seen to left leg.

Level of Consciousness: Responds appropriately.

Chief complaint: Pain in left leg.

Assesses Airway: Airway is patent.

Assesses Breathing: Respirations are 32 per minute and labored. A small fragment wound is noted in the left axilla with small bubbles present at the wound.

- *Soldier Medic should apply 100% oxygen via bag-valve mask and insert airway adjunct.*
- *Soldier Medic should apply an occlusive bandage to the chest wound.*

Assesses Circulation: Pulse is present and rapid.

Skin is cool and moist.

Bright red bleeding noted to left thigh.

- *Soldier Medic should apply immediate direct pressure to thigh wound and employ other bleeding control techniques as needed.*

Transport Priority:

- *Patient is critical and requires a rapid trauma assessment due to:*
 - Responsiveness to verbal stimuli only.
 - Severe arterial bleeding.
 - Signs of shock.
 - Respiratory difficulty.

RAPID TRAUMA ASSESSMENT

Head: Abrasions to left side of face. There is no cerebrospinal fluid or active bleeding noted.

Neck: (-) obvious injuries, trachea is midline, jugular veins are flat.

Chest: Large bruise to left side of chest with small penetrating wound in left axilla with some slight bleeding and bubbles present, (+) crepitus to left side of chest, breath sounds are absent on left side, (+) hyperresonance to left side of chest upon percussion, heart tones are normal.

- *Soldier Medic should recognize signs and symptoms of tension pneumothorax and should have already applied an occlusive bandage.*

Abdomen: Soft and nontender, (-) distention or rigidity, (-) bruising.

Pelvis: Stable to palpation (-) crepitus.

Extremities: Lower extremities are unremarkable with (+) motor and sensory intact. Laceration noted to left thigh with weak dorsalis pedis pulse in left leg; radial pulses are absent.

- *Soldier Medic should have already controlled bleeding to leg wound.*

Assesses Posterior: (-) obvious injury to entire posterior.

SAMPLE HISTORY

S: Responsive to verbal stimuli only, early signs of shock present, arterial bleed to left forearm wound.

A: No known allergies.

M: No known medication.

P: No past medical history.

L: Approximately 3 hours ago.

E: Rounded a corner and was hit by an IED, coasted to a halt.

BASELINE VITAL SIGNS

Blood pressure (BP) 100/48, pulse 140 and thready, respirations 32 and severely labored.

Evacuation to occur at this time with the following interventions performed en route:

- *Needle decompression performed in left chest with 14 gauge, 3.25 inch needle at 2nd intercostal space.*
- *18 gauge IV is started and a bolus of 500 ml of Hextend is infused.*
- *Continued 100% oxygen therapy.*
- *Perform detailed physical examination.*

DETAILED PHYSICAL EXAM

Head: (+) Battle's sign behind right ear, facial bones are stable, (-) cerebrospinal fluid from ears or nose.

Neck: Trachea is midline

- *If IV is started and bleeding has been controlled: jugular veins are normal.*
- *If IV is not started and/or bleeding is not controlled: jugular veins remain flat.*

Chest: If chest decompression is performed: Breathing has improved, but breath sounds are still absent on the left side.

If chest decompression is not performed: Breath sounds remain absent on left side, notable tracheal shift to right side with intercostal muscle bulging on left side.

Abdomen/Pelvis: Unchanged.

Extremities: Upper extremities are unchanged.

Left leg (wound should already have a pressure bandage applied) has weak dorsalis pedis pulse.

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Manages secondary injuries found during detailed exam

Repeats Vital Signs:

- *If bleeding was appropriately controlled and at least one IV was started, and needle chest decompression performed, give the following vital sign values:*

BP 120/66, pulse 108, respirations 22.

- *If bleeding was **not** appropriately controlled and at least one IV was **not** started, and **no** needle chest decompression, give the following vital sign values:*

BP 88/60, pulse 152 and weak, respirations 40 and agonal.

MEDICAL CASUALTY (Tables II, III, IV, V, VI)

You are called to the gymnasium for a 45-year-old male Soldier who is having chest pain during physical training (PT) on the treadmill.

SCENE ASSESSMENT

Soldier Medic to state BSI precautions.

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Chest pain while participating in PT.

Number of Casualties: One.

Assistance Required: Not at the present time.

Considers Stabilization of C-Spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found in sitting position in obvious distress.

Mental Status: Patient is conscious and oriented to person, place, and time.

Chief Complaint: "It feels like an elephant is sitting on my chest."

Airway: Patient is able to talk in full sentences.

Breathing: Twenty-four per minute and slightly shallow.

- *Should place nonrebreather mask at 15 liters per minute at this time.*

Circulation: Radial pulses are bilaterally present and rapid.

Skin is pale, cool, and clammy. No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:
Cardiac compromise with signs of shock.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE History)

Signs & Symptoms: Chest pain (8 on a scale of 1 to 10) with radiation to left arm and jaw. Patient also complains of nausea. His skin color is ashen.

Allergies: None.

Medications: None.

Past Medical History: No medical problems.

Last Oral Intake: Water 30 minutes ago.

Events Leading to Illness: "I was running PT when the pain began."

FOCUSED HISTORY AND PHYSICAL EXAMINATION (OPQRST)

O: Sudden onset.

P: "Nothing makes the pain better or worse."

Q: "It feels like an elephant is sitting on my chest."

R: "The pain moves to my left arm and jaw."

S: "Severe. It is an 8 on a scale of 1 to 10."

T: "It began about 20 minutes ago."

BASELINE VITAL SIGNS

BP 160/90, pulse 140, respirations 24 and slightly shallow.

Evacuation to occur at this time with the following interventions performed en route:

- *IV of NS/LR at keep vein open (KVO) rate.*

DETAILED PHYSICAL EXAMINATION

- *This is a responsive medical patient; therefore, a detailed physical exam is not required.*

ONGOING ASSESSMENT

- *Advise Soldier Medic that patient has become unresponsive.*

REPEAT INITIAL ASSESSMENT

Airway: Obstructed by tongue.

- *Soldier Medic should verbalize performing a head tilt, chin lift.*

Breathing: Absent.

- *Soldier Medic to give two rescue breaths (bag-valve-mask [BVM] or pocket mask).*

Circulation: No palpable pulse.

INTERVENTIONS

- *Soldier Medic should begin one-person CPR and tell the driver to stop the ambulance while they apply the automated external defibrillator (AED).*

- *Advise Soldier Medic that after being shocked with the AED, the patient's pulse returns and respirations return at a rate of 8 per minute and shallow. Patient remains unconscious. Soldier Medic to insert airway adjunct and begin assisting ventilations with BVM and 100% oxygen.*

Reassessment of Vital Signs: BP 99/58, pulse 110, respirations 8 per minute and being assisted.

- *Soldier Medic should verbalize resuming transport with AED left attached and continued assisted ventilation en route.*
- *Ongoing assessment should be repeated every 5 minutes.*

CBRN SCENARIO (Table IV)

You are supporting an explosive ordnance disposal team while they are preparing to destroy some captured munitions. After the detonation, one of the team members falls to the ground, twitching, and foaming at the mouth.

SCENE ASSESSMENT

Soldier Medic to state BSI precautions and donning of protective mask.

Scene Safety: The scene is safe.

Mechanism of injury/nature of illness: Twitching and foaming at the mouth.

Number of casualties: One

Assistance Required: Not at the present time.

Considers Stabilization of C-Spine: *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found on the ground twitching and foaming at the mouth.

Mental Status: Patient appears awake but uncooperative.

Chief Complaint: Twitching and can't breathe.

Airway: Copious upper airway secretions (saliva), should recognize signs of nerve agent poisoning, mask the patient and start administering the casualty's nerve agent antidote kit (NAAK) MARK I kit or automated treatment nerve agent autoinjector (ATNAA.)

Breathing: 24 per minute and slightly shallow.

- *Should place chemical BVM at 15 liters per minute at this time.*

Circulation: Radial pulses are bilaterally present and rapid. Skin is pale, cool, and clammy. No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:* Nerve agent poisoning.

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE History)

Signs & Symptoms: Muscle weakness and rigidity.

Allergies: None.

Medications: None.

Past Medical History: No medical problems.

Last Oral Intake: Water 30 minutes ago.

Events Leading to Illness: Battle buddy reports that the Soldier started twitching and foaming after exposure to the cloud from the explosion.

FOCUSED HISTORY AND PHYSICAL EXAMINATION (OPQRST) NOT AVAILABLE

BASELINE VITAL SIGNS

BP 150/80, pulse 100, respirations 24 and slightly shallow.

Evacuation to occur at this time with the following interventions performed en route:

- *IV of NS/LR at KVO rate.*
- *Continued administration of atropine to dry secretions.*

DETAILED PHYSICAL EXAMINATION

- *No significant findings other than noted above.*

ONGOING ASSESSMENT

- If the Soldier Medic has given three MARK I kits or three ATNAAs: BP 170/90, pulse 130, respirations 20.
- If the Soldier Medic has not given a nerve agent antidote, and masked up: the casualty is now weak and drooling with muscle rigidity, the initial patient has a BP of 90/40, pulse 50, respirations six, shallow, agonal.

Transport: Properly load the casualty onto a standard decontamination litter, secure the patient, place into and take from an ambulance, while using proper lifting techniques. Must warn receiving facility that casualty is contaminated, to have a decon team standing by.

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Appendix C

Recommended Packing List (For Reference Only)

The following is the suggested minimum packing list for conducting MEDIC. The packing list may be modified locally by availability of equipment as well as the training level of the Soldier Medic. The items should be contained in a medical aid bag or whatever device the 68W uses to treat casualties at the point of wounding, in accordance with local SOP.

1.	60MP00BK	Medical Aid Bag, 1 each
2.	4240-00-052-3776	Industrial Goggles, 1 pair
3.	5110-01-279-9332	Pocket Knife, 1 each
4.	6135-00-835-7210	1.5 V Battery, 2 each
5.	6230-00-264-8261	3 V Flashlight, 1 each
6.	7520-00-935-7135	Black Ballpoint Pen, 1 each
7.	6515-01-521-7976	Combat Application Tourniquet (C-A-T), 1 each
8.	6510-00-202-0800	18" x 3" Petrolatum Gauze, 3 each
9.	6510-00-926-8882	1" Surgical Adhesive Tape, 1 roll
10.	6510-01-408-1920	Asherman Chest Seal, 2 each
11.	6515-00-226-7692	Large Examination Gloves, 3 pair
12.	6515-00-687-8052	100 mm Pharyngeal Airway, 1 each
13.	6515-00-958-2232	80 mm Pharyngeal Airway, 1 each
14.	6510-00-721-9808	4" x 4" Surgical Sponge, 8 each
15.	6510-01-452-1743	Cotton Pad, 1 each
16.	6515-01-225-4681	36" x 4.5" Universal Splint, 2 each
17.	6545-00-853-6309	First Aid Kit Eye Dressing, 1 each
18.	6510-00-159-4883	First Aid Dressing, 6 each
19.	6510-00-935-5823	6" x 4.5 yd Elastic Bandage, 2 each
20.	6510-00-201-1755	37" x 37" x 52" Bandage, 9 each
21.	6510-00-201-7425	11 ³ / ₄ " Field First Aid Dressing, 1 each
22.	6515-00-201-7430	7 ¹ / ₂ " x 8" Field Dressing, 1 each
23.	6515-00-935-7138	7 ¹ / ₄ " Bandage Scissors, 1 each
24.	6510-00-058-3047	4 ¹ / ₂ " Gauze Bandage (Kerlix), 3 each
25.	6510-01-492-2275	Emergency Bandage, 2 each
26.	6515-00-935-4088	Adult Size Stethoscope, 1 each
27.	6515-01-039-0164	Sphygmomanometer Case, 1 each
28.	6515-01-039-4884	Sphygmomanometer, 1 each
29.	6515-01-532-8056	Hypothermia Prevention Control Kit, 1 each
30.	6505-00-491-7557	4 oz Povidone-Iodine Cleansing Solution, 1 bottle
31.	6510-00-913-7909	.75" x 3" Adhesive Bandage, 10 each
32.	6515-00-149-1405	Clinical Oral Thermometer, 2 each
33.	6515-00-324-5500	Tongue Depressor (100s), 0.2 package

34.	6515-01-239-2494	14 gauge Catheter and Needle, 8 each
35.	6515-01-282-4878	18 gauge Catheter and Needle, 8 each
36.	6530-01-249-6670	Disposal Container (Sharps), 2 each
37.	6505-01-330-6266	500 ml Ringer's Injection, 3 each
38.	6505-01-281-1247	500 ml Hespan Injection, 3 each
39.	6515-01-421-1388	Adult Combitube, 1 each
40.	6515-00-115-0032	Intravenous Injection Set, 7 sets
41.	6510-01-499-9285	3.5 oz Hemostatic Powder
42.	6910-01-536-2763	Hemostatic Dressing (Training)
43.	DD Form 1380	U.S. Field Medical Card (FMC), 1 booklet

Appendix D

Recommended Equipment Lists

Trauma Assessment and Treatment Skills Scenarios (Table I)

- Medical aid bag
- Rigid cervical collar (*adjustable*)
- Dressings (*Kerlix, cravats, field dressings, emergency bandages, ACE wraps*)
- Examination gloves, eye protection
- Tourniquet
- Splinting material
- Head immobilizer
- Long spine board
- Chest mannequin (*needle decompression*)
- 18-gauge catheter-over-needle unit
- Simulated trauma casualty
- Tactical vehicle (*organic to unit*)
- Traction splint (*example: Hare traction, Sager splint, Reel splint*)
- Hemostatic dressing

Airway Assessment and Skills Scenarios (Table II)

- Medical aid bag
- Examination gloves, eye protection
- Cardiopulmonary resuscitation pocket mask
- Combitube
- Surgical cricothyroidotomy kit
- Nasopharyngeal airway (*NPA*)
- Oropharyngeal airway (*OPA*)
- Oxygen tank with regulator/flowmeter
- Bag valve mask (*BVM*) System
- Nasal cannula
- Nonrebreather (*NRB*) face mask
- Airway mannequin

Intravenous Access and Medication Administration Scenarios (Table III)

- Medical aid bag
- Examination gloves, eye protection
- IV solution (*NS or LR*)
- IV administration kit
- IV trainer arm
- Splinting material
- Simulated morphine (*5 ml saline in 10 ml syringe*) for IV injection

Medical Assessment and Treatment Skills Scenarios (Table IV)

- Medical aid bag
- Examination gloves, eye protection
- Stethoscope
- Blood pressure cuff
- Thermometer
- Cardiopulmonary resuscitation pocket mask
- Airway adjuncts (NPA, OPA, and Combitube)
- Pulse oximeter
- Trainer automated external defibrillator (AED) with pads
- Portable suction apparatus
- Oxygen tank with regulator/flowmeter
- Simulated casualty
- Three MARK I NAAK (*trainer*) or three ATNAA (*trainer*)
- One convulsant antidote for nerve agent (CANA) (*Diazepam*) Autoinjector (*trainer*)
- Chemical environment BVM system

Triage and Evacuation Skills (Table V)

- Medical aid bag
- Rigid cervical collar (*adjustable*)
- Examination gloves, eye protection
- Splinting material
- Head immobilizer
- Long spine board
- Short back board/Kendrick extrication device
- Simulated trauma casualty
- Tactical vehicle (*organic to unit*)
- Traction splint (*example. Hare traction, Sager splint, Reel splint*)
- Field Medical Card (FMC)
- Folding litter with three litter straps
- Two Single Channel Ground and Airborne Radio Systems

Cardiopulmonary Resuscitation Management Skills (Table VI)

- Medical aid bag
- Examination gloves, eye protection
- Cardiopulmonary resuscitation pocket mask
- Oropharyngeal airway (OPA)
- Oxygen tank with regulator/flowmeter
- Bag valve mask (BVM) system
- Nasal cannula
- Non-rebreather (NRB) face mask
- Cardiopulmonary resuscitation mannequin
- Trainer automated external defibrillator (AED) with pads

Obstetrics and Gynecology / Pediatric Management Skills (Table VII)

- Medical aid bag
- Examination gloves, eye protection
- Stethoscope
- Blood pressure cuff (*adult and pediatric*)
- Pediatric mannequin
- Obstetric mannequin
- Emergency obstetric kit (*disposable*)

Validation (ACMS-VT) (Table VIII)

- All equipment except Table VII required

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Glossary

ACMS-VT	Annual Combat Medic Skills – Validation Test
AED	automated external defibrillator
AMEDDC&S	U.S. Army Medical Department Center and School
AR	Army regulation
ARIMS	Army Records Information Management System
ARTEP	Army Training and Evaluation Program
ASI	additional skill identifier
ATNAA	antidote treatment nerve agent autoinjector
AVPU	alert, responsive to verbal stimuli, responsive to painful stimuli, unresponsive
BLS	Basic Life Support
BP	blood pressure
bpm	beats per minute
BSI	body substance isolation
BVM	bag-valve-mask
CANA	convulsant antidote for nerve agent
C-A-T	combat application tourniquet
CBRN	chemical, biological, radiological, and nuclear
CE	continuing education
CMAST	combat medic advanced skills training
CPR	cardiopulmonary resuscitation
DA	Department of the Army
DA Pam	Department of the Army Pamphlet

DCAP-BTLS	deformities, contusions, abrasions, punctures or penetration – burns, tenderness, lacerations, swelling
EMT	emergency medical technician
EMT-B	emergency medical technician – basic
EMT-I	emergency medical technician – intermediate
EMT-P	emergency medical technician – paramedic
ET	endotracheal
FM	field manual
FMC	field medical card
FTX	field training exercise
Hg	mercury
HMMWV	high-mobility multipurpose wheeled vehicle
Hx	history
IAW	in accordance with
ICS	intercostal space
IED	improvised explosive device
IV	intravenous
JVD	jugular vein distension
KVO	keep vein open
LOC	level of consciousness
LR	lactated Ringer's
MCL	midclavicular line
MEDIC	Medical Education and Demonstration of Individual Competence
METL	mission essential task list

min	minute
ml	milliliter
mm	millimeter
MOI	mechanism of injury
MODS	Medical Operational Data System
MOPP	mission-oriented protective posture
MOS	military occupational specialty
MTF	medical treatment facility
NAAK	nerve agent antidote kit
NCO	noncommissioned officer
NPA	nasopharyngeal airway
NRB	nonrebreather (mask)
NREMT	National Registry of Emergency Medical Technicians
NREMT-B	National Registry of Emergency Medical Technicians - Basic
NS	normal saline
OPA	oropharyngeal airway
OPQRST	onset, provoking factors, quality, radiation, severity, time
PHTLS	prehospital trauma life support
PMS	pulse, motor, sensory
PT	physical training
RN	record number
SAMPLE	signs/symptoms, allergies, medications, pertinent past history, last oral intake, events leading to the injury or illness
SMCT	Soldier's Manual of Common Tasks
SOAP	subjective, objective, assessment, plan

SOP	standing operating procedure
SSN	social security number
STP	Soldier training publication
TC	training circular
TC3	tactical combat casualty care
TIC	tenderness, instability, crepitus
TKO	to keep open
TRADOC	U.S. Army Training and Doctrine Command
TRD	tenderness, rigidity, distension
TSP	training support package

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These publications are available online at: <http://www.usapa.army.mil>, except where otherwise noted.

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DA forms are available on the APD Web site <http://www.usapa.army.mil>; DD forms are available on the OSD Web site (www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm).

DA Form 2028. *Recommended Changes To Publications and Blank Forms.*
DA Form 7440-R, ACMS-VT Scenarios Development Tool
DA Form 7441-R, Coordinator's Checklist – (Table VIII)
DA Form 7442-R, Tracking Sheet – (Table VIII)
DA Form 7595-R, Open the Airway
DA Form 7595-1-R, Clear an Airway Obstruction
DA Form 7595-2-R, Insert an Oropharyngeal Airway
DA Form 7595-3-R, Insert a Nasopharyngeal Airway
DA Form 7595-4-R, Perform Suctioning of a Casualty's Airway
DA Form 7595-5-R, Perform Mouth-to-Mask with Supplemental Oxygen
DA Form 7595-6-R, Administer Oxygen
DA Form 7595-7-R, Perform Bag-Valve-Mask (BVM) Ventilation
DA Form 7595-8-R, Insert a Combitube
DA Form 7595-9-R, Perform an Emergency Surgical Cricothyroidotomy
DA Form 7595-10-R, Obtain Vital Signs: Pulse
DA Form 7595-11-R, Obtain Vital Signs: Respirations
DA Form 7595-12-R, Obtain Vital Signs: Blood Pressure
DA Form 7595-13-R, Obtain Vital Signs: Pulse Oxygen Saturation
DA Form 7595-14-R, Decompress the Chest: Needle Decompression
DA Form 7595-15-R, Perform Spinal Immobilization: Long Spine Board
DA Form 7595-16-R, Perform Spinal Immobilization: Short Board/Vest Device
DA Form 7595-17-R, Apply a Traction Splint
DA Form 7595-18-R, Initiate an Intravenous Infusion
DA Form 7595-19-R, Document Medical Care: SOAP Note Format
DA Form 7595-20-R, Document Medical Care: U.S. Field Medical Card (FMC)
DA Form 7595-21-R, Manage a Cardiac Arrest (Automated External Defibrillator)
DA Form 7595-22-R, Manage a Nerve Agent Casualty
DA Form 7595-23-R, Manage an Open Pneumothorax
DA Form 7595-24-R, Control Bleeding Using an Emergency Bandage
DA Form 7595-25-R, Control Bleeding Using an Improvised Tourniquet
DA Form 7595-26-R, Control Bleeding Using a Combat Application Tourniquet (C-A-T)
DA Form 7595-27-R, Control Bleeding Using a Hemostatic Dressing
DA Form 7595-29-R, Initiate a Saline Lock
DA Form 7595-30-R, Initiate an Intraosseous Infusion (F.A.S.T.1™)
DA Form 7595-31-R, Package a Casualty for Transport
DA Form 7595-32-R, Hypotensive Resuscitation
DA Form 7595-33-R, Perform Casualty Triage
DA Form 7595-34-R, Perform a Patient Assessment (EMT-B): Trauma
DA Form 7595-35-R, Perform a Patient Assessment (EMT-B): Medical
DA Form 7595-36-R, Perform Bleeding Control and Shock Management
DA Form 7595-37-R, Administer Morphine

DEPARTMENT OF DEFENSE FORMS

DD Form 1380. *U.S. Field Medical Card.*

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Emergency Care and Transportation of the Sick and Wounded, American Academy of Orthopaedic Surgeons (AAOS), Ninth Edition, 2005.

PHTLS Basic and Advanced Prehospital Trauma Life Support: Military Version, National Association of Emergency Medical Technicians, Fifth Edition, 2004.

Textbook of Basic Nursing, Rosdahl, Caroline B., Seventh Edition, 1999.

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Reproducible Forms

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ACMS-VT SCENARIOS DEVELOPMENT TOOL

For use of this form, see TC 8-800; the proponent agency is TRADOC.

PART 1. Trauma Scenario - (TABLES I - II)

Critical		Scenario Flow
	Condition: (Brief description of situation)	
*	Body Substance Isolation: (During combat may not apply)	
*	Scene Assessment:	
*	Mechanism of Injury: (What caused the injury?)	
*	Number of Casualties:	
*	Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Stabilize Spine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	General Impression of Casualty: (Condition casualty is encountered)	
*	Mental Status (LOC)	A V P U responsiveness
*	Chief Complaint:	
*	Airway: (Patent?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	O₂ Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____ Adjunct: Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____
*	Breathing:	Rate: _____ /min Rhythm: _____ Quality: _____
*	Bleeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Pulses: (Palpable?)	Carotid: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
*	Skin:	Color:
		Temperature:
		Condition:
*	Signs and symptoms of shock?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Transport priority:	
*	Appropriate assessment	Focused or Rapid Trauma assessment

EVALUATORS GUIDELINE: By completing the **Scenario Flow** column with the information requested in Column 2, the evaluators can create their own scenario.

Rapid Trauma Assessment		
Head		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Neck		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Tracheal deviation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	JVD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	C-spine step-offs? (Applies cervical collar)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Paradoxical motion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Breath sounds?	Absent / present / equal / diminished: _____ lobe
Abdomen		
	DCAP-TRD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pelvis		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Instability and crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Level of pain?	
	Priapism?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extremities (1 point for each extremity)		
*	DCAP-BTLS and assessment of motor, sensory, and circulatory function	RUE: _____ LUE: _____ RLE: _____ LLE: _____
Posterior		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Rectal bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	SAMPLE History	S:
		A:
		M:
		P:
		L:
*	Baseline Vital Signs	E:
		P:
		R:
		BP:
*	Level of pain? Morphine?	Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> Level: _____ Morphine: Yes <input type="checkbox"/> No <input type="checkbox"/>

Perform a Detailed Physical Exam (performed during evacuation)

Scalp and Cranium

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ears

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drainage (blood / clear fluid)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Face

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------	------------------------------	-----------------------------

Eyes

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discoloration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unequal pupils?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foreign bodies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood in anterior chamber?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Nose

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drainage (blood / clear fluid)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mouth

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loose or broken teeth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foreign objects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swelling or laceration of the tongue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unusual breath odor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discoloration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Neck

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
JVD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tracheal deviation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Chest

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Breath sounds?	Absent / present / equal / diminished: _____ lobe	
Flail chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Abdomen

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRD (Tenderness, Rigidity, and Distention)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pelvis

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Instability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Extremities (1 point for each extremity)		
	DCAP-BTLS and assessment of motor, sensory, and circulatory function	RUE: _____ LUE: _____ RLE: _____ LLE: _____
Posterior		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Rectal bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manage Secondary Injuries		
*	Injuries found during survey	
Reassess Vital Signs		
	Obtain Vital Signs	P: _____
		R: _____
		BP: _____

PART 2. Medical Scenario - (TABLES III - IV - V)

Critical	Scenario Flow	
	Condition: (Brief description of situation)	
*	Body Substance Isolation: (During combat may not apply)	
*	Scene Assessment:	
	Mechanism of Injury: (What caused the injury?)	
	Number of Casualties:	
	Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Stabilize Spine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	General Impression of Casualty:	
	Mental Status (LOC)	A V P U responsiveness
*	Chief Complaint:	
*	Airway: (Patent?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	O₂ Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____
	Breathing:	Rate ____/min Rhythm: _____ Quality: _____
*	Bleeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Control Bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Pulses: (Palpable?)	Carotid: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
*	Skin:	Color:
		Temperature:
		Condition:
	Transport priority:	
*	SAMPLE History	S:
		A:
		M:
		P:
		L:
		E:
	Baseline Vital Signs:	P:
		R:
		BP:
*	Interventions: (Casualty treatment?)	
*	Level of pain? Morphine?	Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> Level: _____ Morphine: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Transport:	
	Detailed Physical Examination:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ongoing Assessment:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>

EVALUATORS GUIDELINE: By completing the **Scenario Flow** column with the information requested in Column 2, the evaluators can create their own scenario.

COORDINATOR'S CHECKLIST - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

The purpose of this checklist is to help the coordinator establish a quality control process for the evaluation. To achieve this, the coordinator (or designee) must personally oversee the various components of the ACMS-VT as presented in this checklist. Upon completing each control criterion, place a check in the space provided. If a check is not placed in the space provided, an explanation on why criterion was not met should be included on page 2 of this form. To ensure standardization of evaluation the coordinator should complete the checklist before an evaluation begins.

Evaluation Site: _____ Evaluation Date: _____
(YYYYMMDD)

A. ORGANIZATION OF THE EVALUATION

- Established three to five simulated casualties
- Scheduled the appropriate number of qualified skill station evaluators
- Reviewed qualification of skill station evaluators prior to the evaluation

B. FACILITIES

- Skill stations had adequate space to conduct the evaluation without interference
- Equipment was in working order
- An adequate variety of equipment was provided

C. SKILL STATION EVALUATORS

- Read and understood their role in the evaluation process
- Remained objective in recording each candidate's performance
- Did not introduce extraneous elements into the skill station
- Read the "Orientation Script" to each individual tested
- Did not show preference toward any agency or individual for any reason

D. ORIENTATION OF CANDIDATES AND SKILL STATION EVALUATORS

- Read the standardized orientation script clearly and completely
- Allowed adequate time for candidates to ask questions concerning the evaluation
- Oriented programmed casualties and Emergency Medical Treatment (EMT) assistance as required

E. CANDIDATES

- Instructed candidates concerning the practical evaluation retest policy (per local standing operating procedures (SOP))

F. SCORING THE PERFORMANCE

- Used proper criteria for determining the final grade of the candidate
- Recorded pass/fail on the Table VIII - Tracking Sheet, (DA Form 7442-R).

Signature Coordinator

EXPLANATION:

TRACKING SHEET - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

SOLDIER <i>(Last Name, First Name, MI)</i>	RANK	UNIT		
MEDIC TABLES	VALIDATED SKILLS PROFICIENCY			
I Trauma Assessment and Treatment Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
II Airway Assessment and Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
III Intravenous Access/ Medication Administration Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
IV Medical Assessment and Treatment Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
V Triage and Evacuation Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
VI CPR Management Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
VII Obstetrics, Gynecology and Pediatric Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
VIII Validation Test	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ (YYYYMMDD) INITIALS _____
IDENTIFY SKILL SHEETS REQUIRING RETRAINING				
NCOIC/OIC SIGNATURE				

NOTE: The Commander will indicate the Soldier can/cannot complete the MEDIC Tasks Requirement e.g., PCS, ETS, etc.

OPEN THE AIRWAY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, VI

REFERENCES: STP 8-68W13-SM-TG, Task: 081-831-0018, Open the Airway; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a trauma or medical casualty requiring airway management in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose and effectively use the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Demonstrate the appropriate techniques and procedures for opening the casualty's airway. Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*10 of 14 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with an altered level of consciousness. An open airway must be established immediately. You must demonstrate the techniques and procedures for opening the airway on both a medical casualty and a trauma casualty.

3. Evaluator's Comments and After-Test Recommendations:

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**OPEN THE AIRWAY
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4. Medical Casualty						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. * Established an airway using the head-tilt/chin-lift maneuver. EVALUATOR: If the casualty is in a prone position during this maneuver, observe closely to ensure the Soldier Medic rolls the casualty on their back as a unit despite the absence of trauma.	<input type="checkbox"/>					
c. Removed any foreign material or vomitus seen in the mouth as quickly as possible.	<input type="checkbox"/>					
d. Checked for breathing within 3-5 seconds (using the look, listen and feel technique).	<input type="checkbox"/>					
e. Took appropriate action (s) if the casualty was not breathing.	<input type="checkbox"/>					
f. If the casualty was breathing on their own, placed the casualty in the recovery position.	<input type="checkbox"/>					
5. Trauma Casualty						
a. *Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. *Established an airway using the jaw-thrust maneuver. EVALUATOR: Observe to ensure the Soldier Medic does not tilt or rotate the casualty's head during this maneuver.	<input type="checkbox"/>					
c. Removed any foreign material or vomitus seen in the mouth as quickly as possible.	<input type="checkbox"/>					
d. Checked for breathing within 3-5 seconds (using the look, listen and feel technique).	<input type="checkbox"/>					
e. Took appropriate action (s) if the casualty was not breathing.	<input type="checkbox"/>					
f. If the casualty was breathing on their own, stabilized the casualty in the supine position until fully immobilized on a long spine board.	<input type="checkbox"/>					
g. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
h. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**OPEN THE AIRWAY
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario.

Additional Scoring Guidelines:

MEDICAL CASUALTY

Established an airway using the head-tilt/chin-lift method.

- Rolled the casualty onto their back if necessary.
- Knelled beside the casualty.
- Placed one hand on the casualty's forehead and applied firm backward pressure with palm to tilt the head back.
- Placed fingertips of other hand under the lower jaw near the bony part of the casualty's chin.
- Lifted the chin upward, bringing the entire lower jaw with it, helping to tilt the head back.

TRAUMA CASUALTY

Established an airway using the jaw-thrust maneuver.

- Knelled above the supine casualty.
- Placed fingers behind the angles of the lower jaw and forcefully moved the jaw upward.
- Used thumbs to help position the lower jaw to allow breathing through the mouth as well as the nose.
- Stabilized the casualty's head with forearms.

CLEAR AN AIRWAY OBSTRUCTION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II, VI

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-831-0018, Open the Airway; 081-831-0019, Clear an Upper Airway Obstruction.

1. Soldier (*Last Name, First Name, MI*)

2. Date (*YYYYMMDD*)

CONDITIONS: Given a trauma or medical casualty requiring airway management in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
One of the most critical skills that a Soldier Medic must know is airway management. Without proper airway management techniques and oxygen administration, your casualty may die needlessly. The Soldier Medic must be able to choose, and effectively use, the proper equipment for maintaining an open and clear airway and for administering oxygen for both medical and trauma casualties.

STANDARDS: Demonstrate the appropriate techniques and procedures for opening the casualty's airway. Perform all measures IAW STP 8-68W13-SM-TG. You must score at least 70% (10 of 13 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with an altered level of consciousness. You hear noisy breath sounds coming from the casualty and you determine an airway obstruction exists. You must demonstrate the techniques and procedures for clearing an upper airway obstruction in both a conscious and unconscious casualty; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**CLEAR AN AIRWAY OBSTRUCTION
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
* Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
5. Conscious Casualty EVALUATOR: Inform the Soldier Medic that the casualty is conscious.						
	P	F	P	F	P	F
a. * Determined whether or not the casualty required assistance.	<input type="checkbox"/>					
b. If the casualty was lying down, brought the casualty to a sitting or standing position.	<input type="checkbox"/>					
c. * Applied abdominal thrusts.	<input type="checkbox"/>					
d. If the obstruction was cleared and the casualty began breathing on their own, placed them in the recovery position.	<input type="checkbox"/>					
6. Unconscious Casualty EVALUATOR: Inform the Soldier Medic that the casualty has collapsed and is now unconscious.						
	P	F	P	F	P	F
a. Performed head-tilt/chin-lift maneuver to clear the obstruction that may have been caused by the relaxation of the casualty's tongue and throat muscles.	<input type="checkbox"/>					
b. If the casualty was breathing on their own, placed them in the recovery position.	<input type="checkbox"/>					
c. If the casualty was not breathing, activated the emergency response system, opened the airway, and removed the obstruction if it could be seen.	<input type="checkbox"/>					
d. If the obstruction could not be seen, began CPR.	<input type="checkbox"/>					
e. Every time the airway was opened to give breaths, opened the mouth wide and looked for the obstruction. If the obstruction was seen, removed it with the fingers. If the obstruction was not seen, kept doing CPR	<input type="checkbox"/>					
f. Once the obstruction was dislodged, checked for breathing.	<input type="checkbox"/>					
g. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
h. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

CLEAR AN AIRWAY OBSTRUCTION EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario.

Additional Scoring Guidelines:

CONSCIOUS CASUALTY

Determined whether or not the casualty required assistance.

- Asked the casualty if they are choking. If the casualty nods yes, help is needed.
- If the casualty has a mild airway obstruction (*able to speak or cough forcefully, may be wheezing between coughs*), did not interfere except to encourage the casualty to continue coughing.
- If the casualty has a severe airway obstruction (*poor air exchange and increased breathing difficulty, a silent cough, cyanosis, or inability to speak or breathe*), continued with the next step.

Applied abdominal thrusts.

- Stood behind the casualty and wrapped their arms around the casualty's waist.
- Made a fist with one hand and placed the thumb side of their fist against the casualty's abdomen in the midline, slightly above the navel and well below the tip of the xiphoid process.
- Grasped their fist with their other hand and pressed into the casualty's abdomen with quick backward and upward thrusts.

INSERT AN OROPHARYNGEAL AIRWAY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0016, Insert an Oropharyngeal Airway (J Tube); Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty with an obstructed or difficult airway in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
One of the most critical skills that a Soldier Medic must know is airway management. Without proper airway management techniques and oxygen administration, your casualty may die needlessly. The Soldier Medic must be able to choose, and effectively use, the proper equipment for maintaining an open and clear airway and for administering oxygen for both medical and trauma casualties.

STANDARDS: Demonstrate the appropriate techniques and procedures for inserting an oropharyngeal airway. Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*6 of 8 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with an altered level of consciousness and an absent gag reflex. An airway must be established immediately. You must insert an oropharyngeal airway (OPA); you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**INSERT AN OROPHARYNGEAL AIRWAY
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Selected the appropriate size oropharyngeal airway.	<input type="checkbox"/>					
c. Opened the casualty's mouth using the chin-lift maneuver.	<input type="checkbox"/>					
d. Inserted the airway without pushing the tongue posteriorly.	<input type="checkbox"/>					
e. * Obtained a patent airway with the oropharyngeal airway. NOTE: Evaluator must advise the Soldier Medic that the casualty is gagging and becoming conscious.	<input type="checkbox"/>					
f. Removed the oropharyngeal airway.	<input type="checkbox"/>					
g. Documented the procedure on the appropriate form.	<input type="checkbox"/>					
h. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**INSERT AN OROPHARYNGEAL AIRWAY
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load including an oropharyngeal airway.

Additional Scoring Guidelines: None.

INSERT A NASOPHARYNGEAL AIRWAY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0142, Insert a Nasopharyngeal Airway; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (*YYYYMMDD*)

CONDITIONS: Given a casualty requiring airway management in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
One of the most critical skills that a Soldier Medic must know is airway management. Without proper airway management techniques and oxygen administration, your casualty may die needlessly. The Soldier Medic must be able to choose, and effectively use, the proper equipment for maintaining an open and clear airway and for administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*5 of 7 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with an altered level of consciousness but an absent gag reflex. An airway must be established immediately. You must insert a nasopharyngeal airway (*NPA*); you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**INSERT A NASOPHARYNGEAL AIRWAY
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Measured the nasopharyngeal airway correctly.	<input type="checkbox"/>					
c. Verbalized lubrication of the nasopharyngeal airway.	<input type="checkbox"/>					
d. Fully inserted the nasopharyngeal airway with the bevel facing toward the septum.	<input type="checkbox"/>					
e. * Obtained a patent airway with the nasopharyngeal airway.	<input type="checkbox"/>					
f. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
g. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**INSERT A NASOPHARYNGEAL AIRWAY
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load including a nasopharyngeal airway.

Additional Scoring Guidelines: None.

PERFORM SUCTIONING OF A CASUALTY'S AIRWAY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0021, Perform Oral and Nasopharyngeal Suctioning of a Patient; Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with an obstructed or difficult airway in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose and effectively use the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*6 of 8 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with an altered level of consciousness and gurgling sounds coming from their airway. You must suction the casualty's oropharynx/nasopharynx to maintain a clear airway; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM SUCTIONING OF A CASUALTY'S AIRWAY
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Turned on/prepared suction device.	<input type="checkbox"/>					
c. Ensured presence of mechanical suction.	<input type="checkbox"/>					
d. Inserted suction tip without suction.	<input type="checkbox"/>					
e. * Applied suction to the oropharynx/nasopharynx using an acceptable technique.	<input type="checkbox"/>					
f. * Did not apply suction for more than 15 seconds at one time (adult).	<input type="checkbox"/>					
g. Did not interrupt ventilation (for an apneic casualty) for more than 20 seconds at one time.	<input type="checkbox"/>					
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM SUCTIONING OF A CASUALTY'S AIRWAY
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, suctioning device, suction catheter.

Additional Scoring Guidelines: None.

PERFORM MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-831-0018, Open the Airway; 081-833-0018, Set up a D-Sized Oxygen Tank; 081-831-0048, Perform Rescue Breathing; 081-833-0158, Administer Oxygen; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty with an obstructed or difficult airway in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment. Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (8 of 11 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

While responding to an emergency call, you encounter an apneic casualty. You must use the mouth-to-mask method (with supplemental oxygen attached) to properly ventilate the casualty; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Connected one-way valve to mask.	<input type="checkbox"/>					
c. Opened casualty's airway or confirmed casualty's airway was open (manually or with adjunct).	<input type="checkbox"/>					
d. Established and maintained a proper mask-to-face seal.	<input type="checkbox"/>					
e. *Ventilated the casualty at the proper volume (800-1200 ml per breath) with no more than two ventilations per minute below 800 ml.	<input type="checkbox"/>					
f. *Ventilated the casualty at the proper rate (10-12 breaths per minute).	<input type="checkbox"/>					
g. *Observed chest rise and fall for each ventilation, ensuring complete exhalation.	<input type="checkbox"/>					
h. Connected mask to high concentration oxygen.	<input type="checkbox"/>					
i. * Adjusted the oxygen flow rate to 15 liters per minute or greater.	<input type="checkbox"/>					
j. Continued ventilation at proper volume and rate (800-1200 ml per breath, 10-12 breaths per minute). NOTE: Evaluator must witness the Soldier Medic providing ventilations for at least 30 seconds.	<input type="checkbox"/>					
k. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, mask, oxygen administration equipment, oxygen tubing.

Additional Scoring Guidelines: None.

ADMINISTER OXYGEN

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II, VI

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0018, Set up a D-Sized Oxygen Tank; 081-833-0158, Administer Oxygen; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (*YYYYMMDD*)

CONDITIONS: Given a casualty with an obstructed or difficult airway in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment. Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*11 of 15 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with difficulty breathing. You must assemble an oxygen system and administer oxygen to the casualty with an appropriate delivery device; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**ADMINISTER OXYGEN
Grading Sheet**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assembled the regulator/flowmeter to oxygen cylinder.	<input type="checkbox"/>					
c. * Checked for leaks.	<input type="checkbox"/>					
d. Checked the oxygen cylinder pressure.	<input type="checkbox"/>					
e. Attached the nonrebreather mask (NRB).	<input type="checkbox"/>					
f. * Prefilled the NRB reservoir.	<input type="checkbox"/>					
g. * Adjusted the oxygen flow rate to at least 12-15 liters per minute.	<input type="checkbox"/>					
h. Applied and adjusted the NRB to the casualty's face. NOTE: Evaluator must advise the Soldier Medic that the patient is not tolerating the NRB and medical direction has ordered you to remove the NRB and apply a nasal cannula.	<input type="checkbox"/>					
i. Attached the nasal cannula to the oxygen flowmeter.	<input type="checkbox"/>					
j. * Adjusted the oxygen flow rate to 6 liters per minute or less.	<input type="checkbox"/>					
k. Applied the nasal cannula to the casualty. NOTE: Evaluator must advise the Soldier Medic to discontinue the casualty's oxygen therapy.	<input type="checkbox"/>					
l. Removed the nasal cannula.	<input type="checkbox"/>					
m. Shut off the regulator/flowmeter.	<input type="checkbox"/>					
n. Relieved the pressure within the regulator.	<input type="checkbox"/>					
o. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**ADMINISTER OXYGEN
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, oxygen cylinder with regulator/flowmeter, nonrebreather mask, nasal cannula.

Additional Scoring Guidelines: None.

PERFORM BAG-VALVE-MASK (BVM) VENTILATION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0018, Set up a D-Sized Oxygen Tank; 081-833-0158, Administer Oxygen; 081-831-0018, Open the Airway; 081-833-0016, Insert an Oropharyngeal Airway (J Tube); 081-833-0017, Ventilate a Patient with a Bag-Valve-Mask System; Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with an obstructed or difficult airway in a clinical environment or field setting. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (11 of 15 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty that is not breathing. You must ventilate the casualty using a bag-valve-mask (BVM) device; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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PERFORM BAG-VALVE-MASK (BVM) VENTILATION

Grading Sheet

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Verbalized opening the airway.	<input type="checkbox"/>					
c. Verbalized inserting an airway adjunct.	<input type="checkbox"/>					
d. Selected an appropriate size mask.	<input type="checkbox"/>					
e. * Created a proper mask-to-face seal. EVALUATOR: The Soldier Medic must avoid compressing the area under the chin, thereby possibly obstructing air flow.	<input type="checkbox"/>					
f. * Ventilated the casualty immediately.	<input type="checkbox"/>					
g. Connected the reservoir and supplemental oxygen.	<input type="checkbox"/>					
h. * Adjusted the oxygen flow rate to 15 liters per minute or greater. EVALUATOR: Advise the Soldier Medic that an assistant has arrived. The assistant is instructed to ventilate the casualty while the Soldier Medic controls the mask and the airway.	<input type="checkbox"/>					
i. Verbalized reopening the airway.	<input type="checkbox"/>					
j. * Created a proper mask-to-face seal.	<input type="checkbox"/>					
k. * Instructed the assistant to resume ventilation at the proper volume per breath with no more than two ventilations per minute below 800 ml.	<input type="checkbox"/>					
l. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
m. * Did not Interrupt ventilations for more than 20 seconds.	<input type="checkbox"/>					
n. * Allowed adequate exhalation.	<input type="checkbox"/>					
o. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM BAG-VALVE-MASK (BVM) VENTILATION
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, bag-valve-mask (BVM) device with reservoir and supplemental oxygen.

Additional Scoring Guidelines: None.

INSERT A COMBITUBE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0169, Insert a Combitube; 081-833-0017, Ventilate a Patient with a Bag-Valve-Mask System; Prehospital Trauma Life Support (*PHTLS*), Revised Military Edition.

1. Soldier (*Last Name, First Name, MI*)

2. Date (*YYYYMMDD*)

CONDITIONS: Given a casualty with an obstructed or difficult airway in field environment. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*8 of 11 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

Your engineer company has been assigned the task to destroy bridges along a major avenue of attack. While assembling explosives, a blasting cap detonates, igniting some nearby fuel cans. The combat engineer appears to have sustained severe burns of the upper airway and you can hear stridorous noise as you approach. You must establish and maintain an adequate airway using a Combitube; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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INSERT A COMBITUBE

Grading Sheet

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assessed the upper airway for visible obstruction.	<input type="checkbox"/>					
c. Hyperventilated the casualty for 30 seconds.	<input type="checkbox"/>					
d. Positioned the casualty's head in a neutral position.	<input type="checkbox"/>					
e. Tested both cuffs for leaks by inflating the white pilot balloon (15 ml) and the blue pilot balloon (100 ml). Deflated the cuffs completely.	<input type="checkbox"/>					
f. Inserted the Combitube gently but firmly until the black rings on the tube were positioned between the patient's teeth.	<input type="checkbox"/>					
g. If successful, ventilated the casualty using a pocket facemask or bag-valve-mask (BVM) system.	<input type="checkbox"/>					
h. Reassessed the airway.	<input type="checkbox"/>					
i. * Obtained a patent airway with the Combitube.	<input type="checkbox"/>					
j. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
k. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**INSERT A COMBITUBE
GRADING SHEET (cont'd)**

5. Demonstrated Proficiency Yes No

6. Start Time	7. Stop Time	8. Initial Evaluator
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9. Start Time	10. Stop Time	11. Retest Evaluator
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12. Start Time	13. Stop Time	14. Final Evaluator
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15. Remarks

**INSERT A COMBITUBE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include airway kit with Combitube.

Additional Scoring Guidelines:

Inserted the Combitube.

- Grasped the tongue and lower jaw between the thumb and index finger and lifted upward (*jaw-lift maneuver*).
- Inserted the Combitube gently but firmly until the black rings on the tube were positioned between the casualty's teeth.
- Did not use force. (*If the tube does not insert easily, the Soldier Medic must withdraw the tube and retry.*)
NOTE: The Soldier Medic must hyperventilate the casualty for 30 seconds between unsuccessful attempts.
- Inflated the #1 (*blue*) balloon with 100 ml of air (*using a 100 ml syringe*); inflated the #2 (*white*) balloon with 15 ml of air (*using a 20 ml syringe*).
- Ventilated through the primary (#1-blue) tube. If auscultation of breath sounds was positive and auscultation of gastric sounds was negative, continued ventilations.
- If auscultation of breath sounds was negative and gastric insufflation was positive, immediately began ventilations through the shorter (#2-white) tube. Confirmed tracheal ventilation of breath sounds and the absence of gastric insufflation.
- If auscultation of breath sounds and auscultation of gastric insufflation were negative, the Combitube may have been advanced too far into the pharynx. Deflated the #1 (blue) balloon/cuff and moved the Combitube approximately 2-3 cm out of the casualty's mouth.
- Reinflated the #1 (*blue*) balloon with 100 ml of air and ventilated through the longer #1 connecting tube. If auscultation of breath sounds was positive and auscultation of gastric insufflation was negative, continued ventilations.
- If breath sounds were still absent, the Soldier Medic should immediately deflate the cuffs and extubate.
- Soldier Medic should insert an oropharyngeal or nasopharyngeal airway and hyperventilate the casualty with a bag-valve-mask (*BVM*) device.

PERFORM AN EMERGENCY SURGICAL CRICOTHYROIDOTOMY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: II

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-3005, Perform a Surgical Cricothyroidotomy; Prehospital Trauma Life Support (PHTLS), Revised Military Edition.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with an obstructed or difficult airway in field environment. You have been provided the necessary medical equipment. You are not in a CBRN environment.
Airway management is one of the most critical skills a Soldier Medic must know. A casualty may die needlessly without proper airway management techniques and oxygen administration. The Soldier Medic must be able to choose, and effectively use, the proper techniques and equipment for maintaining an open clear airway and administering oxygen for both medical and trauma casualties.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (10 of 14 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

During a night patrol, your infantry squad receives incoming mortar fire. As the squad dives for cover, you notice one of the Soldiers receives a massive facial wound from flying shrapnel. Once the area has been secured, you move forward to assess the casualty. The casualty has an altered level of consciousness and is not breathing. You must perform an emergency surgical cricothyroidotomy to establish an airway and to support ventilations; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM AN EMERGENCY SURGICAL CRICOTHYROIDOTOMY
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assessed the upper airway for visible obstruction.	<input type="checkbox"/>					
c. Correctly identified the cricothyroid membrane.	<input type="checkbox"/>					
d. Palpated the cricothyroid membrane and (<i>while stabilizing the cartilage</i>) made a vertical incision in the midline, directly over the cricothyroid membrane.	<input type="checkbox"/>					
e. While continuing to stabilize the larynx, used the scalpel or a hemostat and cut or poked through the cricothyroid membrane.	<input type="checkbox"/>					
f. Inserted the tips of the hemostat through the opening and opened the jaws to dilate the opening.	<input type="checkbox"/>					
g. Inserted an appropriate sized ET tube or cannula between the jaws of the hemostat; the tube is in the trachea, directed distally towards the lungs.	<input type="checkbox"/>					
h. Inflated the cuff with 5-10 ml of air.	<input type="checkbox"/>					
i. * Checked for air exchange and verified placement of the tube by listening and feeling for air passing in and out of the tube and looked for bilateral rise and fall of the chest.	<input type="checkbox"/>					
j. If air exchange was adequate, secured the tube.	<input type="checkbox"/>					
k. Applied a dressing to further protect the tube and incision site.	<input type="checkbox"/>					
l. Monitored the casualty's respirations; administered suction as needed.	<input type="checkbox"/>					
m. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
n. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM AN EMERGENCY SURGICAL CRICOTHYROIDOTOMY
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include cricothyroidotomy kit.

Additional Scoring Guidelines: None.

OBTAIN VITAL SIGNS: PULSE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-831-0011, Measure a Patient's Pulse; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a trauma or medical casualty requiring assessment and management in a clinical environment or field setting. You are not in a CBRN environment.
A critical skill in the thorough assessment and management of any casualty is the ability to quickly and accurately obtain a set of vital signs. The Soldier Medic must be able to accurately measure a casualty's pulse, respirations, blood pressure, and oxygen saturation level using the appropriate techniques and equipment.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*8 of 11 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with a medical illness or trauma-related injury. During your assessment and management of this casualty, you must obtain a baseline set of vital signs. You must demonstrate the techniques and procedures for measuring a pulse; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**OBTAIN VITAL SIGNS: PULSE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
c. Positioned the casualty, seated or lying supine.	<input type="checkbox"/>					
d. Located the radial pulse point; alternately, located the carotid pulse.	<input type="checkbox"/>					
e. Palpated the radial pulse using the tips of their index and middle fingers being careful not to press hard enough to impede the pulse.	<input type="checkbox"/>					
f. Obtained the casualty's pulse reading. Measured the radial pulse for 30 seconds and multiplied times two. EVALUATOR: If the casualty is demonstrating a weak or irregular pulse, the Soldier Medic must measure the pulse for a full 60 seconds.	<input type="checkbox"/>					
g. * Evaluated the pulse rhythm (<i>regular, irregular</i>).	<input type="checkbox"/>					
h. * Evaluated the pulse strength (<i>strong, bounding, weak</i>).	<input type="checkbox"/>					
i. * Documented the pulse rate, rhythm, and strength and the time obtained on the appropriate medical form.	<input type="checkbox"/>					
j. Reported any abnormal pulse readings.	<input type="checkbox"/>					
k. * Measured the casualty's pulse within 4 beats/min.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**OBTAIN VITAL SIGNS: PULSE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, watch.

Additional Scoring Guidelines:

Documented the pulse rate, rhythm, and strength and the time obtained on the appropriate medical form.

Example: P-64, regular and strong.

NOTE: The normal pulse rate (*at rest*) for an adult is 60-100 beats/min.

OBTAIN VITAL SIGNS: RESPIRATIONS

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-831-0010, Measure a Patient's Respirations; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a trauma or medical casualty requiring assessment and management in a clinical environment or field setting. You are not in a CBRN environment.
A critical skill in the thorough assessment and management of any casualty is the ability to quickly and accurately obtain a set of vital signs. The Soldier Medic must be able to accurately measure a casualty's pulse, respirations, blood pressure, and oxygen saturation level using the appropriate techniques and equipment.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*8 of 11 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with a medical illness or trauma-related injury. During your assessment and management of this casualty, you must obtain a baseline set of vital signs. You must demonstrate the techniques and procedures for measuring respirations; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**OBTAIN VITAL SIGNS: RESPIRATIONS
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (<i>BSI</i>) precautions.	<input type="checkbox"/>					
b. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
c. Positioned the casualty, seated or lying supine.	<input type="checkbox"/>					
d. Had the casualty remove any overgarments that obstructed the ability to observe the casualty's chest rise and fall with each breath.	<input type="checkbox"/>					
e. Observed the rise and fall of the casualty's chest as they breathe. Each cycle of inhalation and exhalation equates to one respiration.	<input type="checkbox"/>					
f. Counted the number of respirations (<i>rate</i>) in a 30-second period and multiplied times two. EVALUATOR: If the casualty is demonstrating an irregular breathing pattern, the Soldier Medic must measure the number of respirations for a full 60 seconds.	<input type="checkbox"/>					
g. * Evaluated the depth of the respirations (<i>unlabored, shallow, labored</i>).	<input type="checkbox"/>					
h. * Evaluated the quality (<i>character</i>) of the respirations (<i>normal, noisy, tachypnea, etc.</i>).	<input type="checkbox"/>					
i. * Documented the respiration rate, depth, and quality and the time obtained on the appropriate medical form.	<input type="checkbox"/>					
j. Reported any abnormal respirations.	<input type="checkbox"/>					
k. * Measured the casualty's respirations within 2 breaths/min.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**OBTAIN VITAL SIGNS: RESPIRATIONS
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario.

Additional Scoring Guidelines:

Documented the respiration rate, depth, and quality and the time obtained on the appropriate medical form.

Example: R-14, unlabored.

NOTE: The normal respiratory rate (*at rest*) for an adult is 12-20 breaths/min.

OBTAIN VITAL SIGNS: BLOOD PRESSURE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-831-0012, Measure a Patient's Blood Pressure; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a trauma or medical casualty requiring assessment and management in a clinical environment or field setting. You are not in a CBRN environment.
A critical skill in the thorough assessment and management of any casualty is the ability to quickly and accurately obtain a set of vital signs. The Soldier Medic must be able to accurately measure a casualty's pulse, respirations, blood pressure, and oxygen saturation level using the appropriate techniques and equipment.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*11 of 15 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with a medical illness or trauma-related injury. During your assessment and management of this casualty, you must obtain a baseline set of vital signs. You must demonstrate the techniques and procedures for measuring blood pressure; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**OBTAIN VITAL SIGNS: BLOOD PRESSURE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
c. Positioned the casualty, seated or lying supine.	<input type="checkbox"/>					
d. Gained unimpeded exposure of the arm to be used.	<input type="checkbox"/>					
e. Ensured the size of blood pressure cuff was appropriate to the casualty.	<input type="checkbox"/>					
f. Centered the inflatable bladder of the cuff over the brachial artery securing it just tight enough to prevent slippage.	<input type="checkbox"/>					
g. Supported the casualty's arm, palm up, so it was in a relaxed state.	<input type="checkbox"/>					
h. Palpated the brachial pulse with the index and middle fingers of one hand to determine where to place the stethoscope.	<input type="checkbox"/>					
i. Placed the diaphragm over the pulse site and held it firmly pressed against the artery with the fingers of their nondominant hand.	<input type="checkbox"/>					
j. With the valve tightly closed, inflated the cuff to at least 140 mm Hg (or 30 mm Hg above the point when they can no longer hear the pulse sounds).	<input type="checkbox"/>					
k. Determined the blood pressure reading by rotating the thumbscrew in a clockwise motion, allowing the cuff to slowly deflate at about 3 mm Hg per second. Watched the gauge and listened carefully noting the casualty's systolic pressure (first distinct taps) that can be heard clearly.	<input type="checkbox"/>					
l. Continued to watch the gauge to note the diastolic pressure (where the sound changes again, becomes muffled, or disappeared).	<input type="checkbox"/>					
m. Once the pulse sound ceased, quickly opened the valve, releasing the remaining air rapidly.	<input type="checkbox"/>					
n. * Documented the blood pressure reading (systolic over diastolic) and the time obtained on the appropriate medical form.	<input type="checkbox"/>					
o. * Measured the casualty's blood pressure within 6 mm Hg, both systolic and diastolic.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**OBTAIN VITAL SIGNS: BLOOD PRESSURE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.
Soldier Medic: Applicable scenario, sphygmomanometer, clean stethoscope.

Additional Scoring Guidelines:

Ensured the size of blood pressure cuff was appropriate to the casualty.

- o Cuff width at least 40% of arm circumference.
- o Cuff air bladder length at least 80% of arm circumference.

Documented the blood pressure reading (*systolic over diastolic*) and the time obtained on the appropriate medical form.

Example: BP-138/88.

NOTE: The normal blood pressure (*at rest*) for an adult is 100-140 mm Hg (*systolic*); 60-90 mm Hg (*diastolic*).

OBTAIN VITAL SIGNS: PULSE OXYGEN SATURATION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0164, Measure a Patient's Pulse Oxygen Saturation; Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a trauma or medical casualty requiring assessment and management in a clinical environment or field setting. You are not in a CBRN environment.

A critical skill in the thorough assessment and management of any casualty is the ability to quickly and accurately obtain a set of vital signs. The Soldier Medic must be able to accurately measure a casualty's pulse, respirations, blood pressure, and oxygen saturation level using the appropriate techniques and equipment.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (*6 of 8 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty with a medical illness or trauma-related injury. During your assessment and management of this casualty, you must obtain a baseline set of vital signs. You must demonstrate the techniques and procedures for measuring pulse oxygen saturation; you have been provided the necessary medical equipment

3. Evaluator's Comments and After-Test Recommendations:

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**OBTAIN VITAL SIGNS: PULSE OXYGEN SATURATION
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
c. Positioned the casualty, seated or lying supine.	<input type="checkbox"/>					
d. Selected an index or middle finger, free of nail polish or artificial nails. Used alcohol swabs to clean and prepare the digit.	<input type="checkbox"/>					
e. Turned the pulse oximeter power on.	<input type="checkbox"/>					
f. Placed the pulse oximeter on the finger selected/prepared. NOTE: The result will appear on the pulse oximeter as "SaO₂" (oxygen saturation).	<input type="checkbox"/>					
g. * Documented the results as a percentage and time obtained on the appropriate medical form.	<input type="checkbox"/>					
h. Removed the device unless continuous monitoring is required.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**OBTAIN VITAL SIGNS: PULSE OXYGEN SATURATION
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, pulse oximetry monitor, alcohol swabs.

Additional Scoring Guidelines:

Documented the results as a percentage and time obtained on the appropriate medical form.

Example: SaO₂ 98%.

DECOMPRESS THE CHEST: NEEDLE DECOMPRESSION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-3007, Perform A Needle Chest Decompression; Prehospital Trauma Life Support (PHTLS), Revised Military Edition.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty or a Soldier acting as a casualty with severe thoracic trauma in a simulated combat environment. You are not in a CBRN environment.
The second leading cause of preventable death on the battlefield is a tension pneumothorax. If not identified in a casualty with a penetrating wound to the chest, it can be fatal. It is imperative that you, as a Soldier Medic, know how to effectively manage penetrating chest injuries and to recognize and treat a tension pneumothorax.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (7 of 10 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

During a night patrol, your platoon receives intense small arms fire. As your platoon returns fire and takes up defensive positions, the second squad leader calls for your attention regarding a fallen Soldier. Once the area is secured, you assess the casualty. The casualty presents with signs and symptoms of a tension pneumothorax. You determine the casualty requires a needle chest decompression; you have been provided the necessary medical equipment.

3. **Evaluator's Comments and After-Test Recommendations:**

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**DECOMPRESS THE CHEST: NEEDLE DECOMPRESSION
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. * Assessed the casualty to ensure the progressive respiratory distress was due to a penetrating chest wound.	<input type="checkbox"/>					
c. * Identified the second ICS on the anterior chest wall at the MCL on the same side as the injury; approximately two finger widths below the clavicle.	<input type="checkbox"/>					
d. Cleansed the site with an antimicrobial solution.	<input type="checkbox"/>					
e. Inserted the needle into the chest. EVALUATOR: Administratively gain control of the needle and syringe unit and place it in a sharps container.	<input type="checkbox"/>					
f. * Stabilized the catheter hub to the chest wall with adhesive tape.	<input type="checkbox"/>					
g. Placed the casualty in a sitting position or on their injured side (<i>recovery position</i>) during transport.	<input type="checkbox"/>					
h. Removed their gloves and disposed of them appropriately.	<input type="checkbox"/>					
i. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
j. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

DECOMPRESS THE CHEST: NEEDLE DECOMPRESSION EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines:

Inserted the needle into the chest.

- Removed the plastic cap from the 2.5-3 inch 14 gauge needle.
- Inserted the needle into the skin over the superior border of the third rib, MCL, and directed the needle into the ICS at a 90 degree angle.
- As the needle entered the pleural space, a "pop" was felt, followed by a possible hiss of air.
- Removed the needle leaving the catheter in place.

PERFORM SPINAL IMMOBILIZATION: LONG SPINE BOARD

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV, V

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0176, Treat a Casualty with a Suspected Spinal Injury; 081-833-0177, Apply a Cervical Collar; Emergency Care and Transportation of the Sick and Injured.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with a suspected spinal injury in a simulated combat environment. You are not in a CBRN environment. Spinal cord injuries are some of the most devastating of all types of trauma you may encounter. If not recognized and properly managed in the field, they may result in irreparable damage and leave a Soldier paralyzed for life.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (14 of 20 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

An infantryman moving through a built-up area has the point on a combat patrol. An artillery round impacts approximately 25 meters from where he was standing and he was thrown against a stone wall. You are an evacuation aidman driving a HMMWV ambulance. The area has been secured and the platoon's Soldier Medic has stabilized the casualty. You must fully immobilize the casualty on a long spine board for transport; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM SPINAL IMMOBILIZATION: LONG SPINE BOARD
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. * Had assistant assume manual cervical spine stabilization and neutral neck alignment of the supine casualty.	<input type="checkbox"/>					
d. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
e. Assessed the casualty's PMS.	<input type="checkbox"/>					
f. Briefed assistants on their task during this procedure.	<input type="checkbox"/>					
g. * Determined the appropriate size of collar to apply; applied the C-collar to the casualty correctly. EVALUATOR: The Soldier Medic must direct assistant to maintain stabilization of the casualty's cervical spine until the casualty is fully immobilized on a long spine board.	<input type="checkbox"/>					
h. Positioned the long spine board next to, and parallel with, the casualty.	<input type="checkbox"/>					
i. Briefed assistants to kneel on the same side of the casualty, with the long spine board on the opposite side of the casualty.	<input type="checkbox"/>					
j. * At the direction of the assistant stabilizing the cervical spine, and in unison, log-rolled the casualty towards them. EVALUATOR: The casualty's head and neck must be maintained in line with the casualty's spine during all movements.	<input type="checkbox"/>					
k. Instructed assistants to reach across the casualty with one hand, grasp the spine board at its closest edge, and slide it against the casualty. Instructed the assistant in the center to reach across the board to the far edge and hold it in place to prevent board movement.	<input type="checkbox"/>					
l. * At the direction of the assistant stabilizing the cervical spine, slowly rolled the casualty back onto the board, keeping the head and spine in a straight line.	<input type="checkbox"/>					
m. * Reassessed PMS.	<input type="checkbox"/>					
n. While the assistant continues to stabilize the cervical spine, secured the casualty to the long spine board; applied straps across the chest, pelvis, and legs. Adjusted straps as needed.	<input type="checkbox"/>					
o. While the assistant continues to stabilize the cervical spine, applied the head supports to each side of the casualty's head.	<input type="checkbox"/>					
p. Fastened straps over the head supports and the lower forehead. Placed a second strap over the pads and the rigid cervical collar and fastened to the long spine board.	<input type="checkbox"/>					
q. Placed the casualty's wrists together, tying them loosely.	<input type="checkbox"/>					
r. * Reassessed PMS.	<input type="checkbox"/>					
s. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
t. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**PERFORM SPINAL IMMOBILIZATION: LONG SPINE BOARD
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, cervical collar, long spine board.

Additional Scoring Guidelines: None.

PERFORM SPINAL IMMOBILIZATION: SHORT BOARD/VEST DEVICE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV, V

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0176, Treat a Casualty with a Suspected Spinal Injury; 081-833-0177, Apply a Cervical Collar; 081-833-0178, Apply a Kendrick Extrication Device; Emergency Care and Transportation of the Sick and Injured.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty found in a sitting position, with a suspected spinal injury, in a simulated combat environment. You are not in a CBRN environment.
Spinal cord injuries are some of the most devastating of all types of trauma you may encounter. If not recognized and properly managed in the field, they may result in irreparable damage and leave a Soldier paralyzed for life.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (15 of 21 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

A Soldier is driving a HMMWV inside the forward operating base. A stack of pallets falls over the top of the HMMWV, and the vehicle crashes. You must stabilize the casualty in a sitting position and fully immobilize him or her on a long spine board for transport; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM SPINAL IMMOBILIZATION: SHORT BOARD/VEST DEVICE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. * Had assistant assume manual cervical spine stabilization and neutral neck alignment of the sitting casualty.	<input type="checkbox"/>					
d. Explained the procedure to the casualty, if necessary.	<input type="checkbox"/>					
e. Briefed assistants on their task during this procedure.	<input type="checkbox"/>					
f. Assessed the casualty's PMS.	<input type="checkbox"/>					
g. * Determined the appropriate size of collar to apply; applied the C-collar to the casualty correctly. EVALUATOR: The Soldier Medic must direct assistant to maintain stabilization of the casualty's cervical spine until the casualty is fully immobilized on a long spine board.	<input type="checkbox"/>					
h. Placed the short spine board/vest-type device as far into the area behind the sitting casualty as possible.	<input type="checkbox"/>					
i. Tilted the upper end of the board/vest toward the casualty's head.	<input type="checkbox"/>					
j. Secured the short spine board to the casualty's torso. If using a vest-type device, secured the middle strap, followed by the lower strap and finally the upper strap. Tightened each strap after attachment.	<input type="checkbox"/>					
k. Secured the casualty's head and head supports to the board with straps or cravats. Padded behind the casualty's head as necessary. If using a vest-type device, positioned and tightened each groin strap; ensured the groin area is padded.	<input type="checkbox"/>					
l. Positioned the long spine board in-line with the vehicle seat, from either the driver's or passenger's side.	<input type="checkbox"/>					
m. * While maintaining manual in-line stabilization rotated and slid the casualty in line with and onto the long spine board. Lowered the board to the ground. If using a vest-type device, released the pelvic straps at this time in order to place the casualty in a supine position. EVALUATOR: The casualty's head and neck must be maintained in line with the casualty's spine during all movements.	<input type="checkbox"/>					
n. * Reassessed PMS.	<input type="checkbox"/>					
o. While the assistant continues to stabilize the cervical spine, secured the casualty to the long spine board; applied straps across the chest, pelvis, and legs. Adjusted straps as needed.	<input type="checkbox"/>					
p. While the assistant continues to stabilize the cervical spine, applied the head supports to each side of the casualty's head.	<input type="checkbox"/>					
q. Fastened straps over the head supports and the lower forehead. Placed a second strap over the pads and the rigid cervical collar and fastened to the long spine board.	<input type="checkbox"/>					
r. Placed the casualty's wrists together, tying them loosely.	<input type="checkbox"/>					
s. * Reassessed PMS.	<input type="checkbox"/>					
t. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
u. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

*** CRITICAL ELEMENTS**

**PERFORM SPINAL IMMOBILIZATION: SHORT BOARD/VEST DEVICE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, cervical collar, short spine board or vest-type device, long spine board.

Additional Scoring Guidelines:

Tilted the upper end of the board/vest toward the casualty's head.

- o Directed the assistant to position the back of the casualty's head against the board, maintaining manual in-line stabilization, by moving the head and neck as a single unit.

APPLY A TRACTION SPLINT

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0141, Apply a Traction Splint; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty with significant pain, swelling, and deformity of the mid-thigh, in a simulated combat environment. You are not in a CBRN environment.
Direct pressure, elevation, and pressure dressings applied directly to an open wound usually control external bleeding; however, internal bleeding is not always so obvious or easily controlled. In the case of a femur fracture, immobilization by counter-traction is imperative to minimize internal blood loss and tissue damage. Properly applied, a traction device may be the difference between a salvageable limb and an amputation, or even the casualty's survival or death due to internal (or even external) hemorrhage.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (11 of 15 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

While performing security for a drop zone for an airborne operation, a C-130 drops 50 paratroopers. To the front of your assigned sector, you hear the call for a medic to attend an injured Soldier. As you perform your initial and rapid trauma assessment, the casualty is conscious and is complaining of severe pain in their mid-thigh, left leg. You detect moderate swelling and elicit crepitus of the left thigh and you determine the casualty's sole injury is a closed fracture to their left femur. You must apply a traction splint to the casualty's left leg; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**APPLY A TRACTION SPLINT
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. Assessed the casualty's PMS.	<input type="checkbox"/>					
d. * Directed the assistant to manually support and stabilize the injured leg.	<input type="checkbox"/>					
e. Placed the traction splint beside the casualty's uninjured leg and adjusted the splint to the proper length.	<input type="checkbox"/>					
f. Fastened the ankle hitch about the casualty's ankle and foot.	<input type="checkbox"/>					
g. * While supporting the leg at the site of the suspected injury (<i>one hand above the site and one hand below the site</i>), directed the assistant to manually apply gentle in-line traction to the ankle hitch and foot. EVALUATOR: While applying gentle traction, the assistant may lift the casualty's leg far enough to fit the splint into place.	<input type="checkbox"/>					
h. Slid the splint into position under the injured leg.	<input type="checkbox"/>					
i. Padded the groin area and fastened the ischial strap.	<input type="checkbox"/>					
j. * Applied mechanical traction.	<input type="checkbox"/>					
k. Secured the Velcro straps. EVALUATOR: Ensure the assistant maintains manual stabilization until all four support straps are secure.	<input type="checkbox"/>					
l. Reevaluated the ischial strap and ankle hitch.	<input type="checkbox"/>					
m. Reassessed the PMS.	<input type="checkbox"/>					
n. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
o. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**APPLY A TRACTION SPLINT
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, traction splint.

Additional Scoring Guidelines:

Placed the traction splint beside the casualty's uninjured leg and adjusted the splint to the proper length.

- o Placed the ring at the ischial tuberosity.
- o Loosened the locking sleeve.
- o Extended the splint 8-12 inches beyond the casualty's foot.
- o Tightened the locking sleeve.
- o Opened and adjusted the four Velcro support straps (*mid-thigh, above the knee, below the knee, above the ankle*).
- o Fastened the ankle hitch about the casualty's ankle and foot.
- o Threaded the ankle hitch under the casualty's ankle at the void created by the heel.
- o Placed the lower edge of the ankle hitch even with the bottom of the heel.
- o Crisscrossed the side straps high on the instep.
- o Brought the crisscrossed straps down to meet the center strap and held them in place.

Slid the splint into position under the injured leg.

- o Pulled the release ring on the ratchet and released the traction strap.
- o Moved the splint between the assistant's legs so that it was aligned with the casualty's injured leg.
- o Moved one hand from the fracture site and pulled the splint from between the assistant's legs.
- o Slid the splint under the leg until the ischial ring was at the buttock.

Evaluator: Ensure the splint is aligned with the leg.

- o When the splint was in place, positioned the hand back under the fracture site for stabilization only.
- o On the assistant's signal, lowered the leg into the cradle of the splint while maintaining manual traction.
- o Extended and positioned the heel stand after the splint was in position under the leg.

Applied mechanical traction.

- o Attached the rings from the ankle hitch to the "S" hook from the splint.
- o Tightened the ratchet mechanism by turning it clockwise.
- o Directed the assistant to alert them when mechanical traction was equal to the manual traction applied.

INITIATE AN INTRAVENOUS INFUSION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, III
REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0033, Initiate an Intravenous Infusion; 081-833-0034, Manage an Intravenous Infusion; Prehospital Trauma Life Support(*PHTLS*), Revised Military Edition.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given an intravenous therapy trainer or a Soldier acting as a casualty in a simulated combat environment. You are not in a CBRN environment.

The timely and appropriate use of intravenous therapy by the Soldier Medic could make the difference between a casualty dying of the wounds received or surviving evacuation to the next level of care.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (15 of 21 steps) and not miss any critical (*) elements on the skill sheet.

- SAFETY:**
- o Risk Assessment: Medium. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
 - o Precautions: Wear gloves and eye protection as a minimal standard of protection.
 - o Environmental: None

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

NOTE: This invasive procedure has the risk of accidental needle stick; this risk is profoundly minimized by adequate direct supervision and ongoing instruction during the practical exercise. See DA Pam 40-11, Preventive Medicine.

TEST SCENARIO:

The lead Stryker infantry carrier vehicle traveling directly in front of your vehicle has been struck by an IED. After securing the immediate area, the casualties are moved to safety. Following your initial and rapid trauma assessment you determine, due to the casualty's decreased level of consciousness and loss of radial pulse, that you must establish peripheral intravenous access for one of the casualties in order to initiate fluids; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**INITIATE AN INTRAVENOUS INFUSION
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assembled the necessary equipment.	<input type="checkbox"/>					
c. Explained the procedure to the casualty (if conscious) and asked about known allergies.	<input type="checkbox"/>					
d. * Prepared and inspected equipment.	<input type="checkbox"/>					
e. Selected a suitable vein. EVALUATOR: Observe to ensure there is no violation of aseptic technique; if in doubt, discard the catheter, obtain new equipment, and repeat the step.	<input type="checkbox"/>					
f. Prepared the venipuncture site.	<input type="checkbox"/>					
g. * Donned gloves.	<input type="checkbox"/>					
h. Performed the venipuncture. EVALUATOR: Observe to ensure there is no violation of aseptic technique; if in doubt, discard the tubing and solution, obtain new equipment, and repeat the step.	<input type="checkbox"/>					
i. * Removed the constricting band. EVALUATOR: Administratively gain control of the needle and place in a sharps container.	<input type="checkbox"/>					
j. Obtained venous blood samples as required.	<input type="checkbox"/>					
k. Attached the administration tubing to the cannula hub while maintaining stabilization of the hub with their nondominant hand.	<input type="checkbox"/>					
l. Opened the flow-regulator clamp and observed for drips in the drip chamber. Allowed the fluid to run freely for several seconds. (May drop the solution bag lower than the casualty's heart to observe for a backflash of blood to verify catheter placement.)	<input type="checkbox"/>					
m. Adjusted to the desired flow rate.	<input type="checkbox"/>					
n. Cleansed the area of blood if necessary, and secured the hub of the catheter with tape, leaving the hub and tubing connection visible. Made a small loop in the IV tubing and placed a second piece of tape over the first to secure the loop.	<input type="checkbox"/>					
o. Applied a 2x2, 4x4, or a transparent dressing over the venipuncture site.	<input type="checkbox"/>					
p. Labeled a piece of tape with date/time initiated, catheter size, and their initials; secured the tape over the dressing.	<input type="checkbox"/>					
q. Monitored the casualty and continued to observe the venipuncture site for signs of infiltration. Discontinued the infusion if signs were observed.	<input type="checkbox"/>					
r. Removed gloves and disposed of them appropriately.	<input type="checkbox"/>					
s. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
t. * Obtained peripheral venous access in three or fewer attempts.	<input type="checkbox"/>					
u. * Did not violate aseptic technique.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

INITIATE AN INTRAVENOUS INFUSION EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include IV solution and administration set.

Additional Scoring Guidelines:

Prepared and inspected equipment.

- o IV solution (*expiration date, solution clarity, presence of punctures*).
- o Catheter (*sterility, presence of barbs*). Did not touch any part of the catheter that enters the skin/vein.
- o Micro/macro drip administration set.
- o Stretched out the IV tubing and closed off the flow-regulator clamp.
- o Removed the protective covering from the port of the IV container and the protective covering from the spike of the administration set. Inserted the administration tubing spike into the IV solution port with a quick twist.
- o Hung the IV solution container at least 2 feet above the level of the casualty's heart and squeezed the drip chamber until it was half full.
- o Removed the protective cap from the tubing adapter and opened the flow-regulator clamp allowing the fluid to flush all of the air from the tubing; reclosed the flow-regulator clamp and recapped the tubing adapter.

NOTE: Did not lose sight of the distal end of the tubing once uncapped.

- o Cut several strips of tape and hung them where they were readily accessible.

Prepared the venipuncture site.

- o Applied a constricting band 2 inches above the venipuncture site, tight enough to occlude venous flow but not so tight distal pulses were lost.
- o Selected and palpated a prominent vein.
- o Cleansed skin with an antiseptic swab using a circular motion starting with the entry site and extending outward about 2 inches; allowed to dry.

Performed the venipuncture.

- o With the nondominant hand, pulled all local skin taut to stabilize the vein.
- o With the dominant hand, distal bevel of the needle up, inserted the cannula into the vein at an approximately 30 degree angle.
- o Continued until blood was observed in the flash chamber of the catheter.
- o Decreased angle to 15-20 degrees and carefully advanced the cannula approximately 0.5 cm further.
- o While holding the needle stationary, advanced the catheter into the vein with a twisting motion. Inserted the catheter all the way to the hub.
- o Placed a finger over the vein at the catheter tip and tamponaded the vein preventing blood from flowing out the catheter.
- o Removed the needle while maintaining firm catheter control.

DOCUMENT MEDICAL CARE: SOAP NOTE FORMAT

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0145, Document Patient Care Using Subjective, Objective, Assessment, Plan (SOAP) Note Format; Textbook of Basic Nursing.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a patient relating signs and symptoms of an illness or injury in a clinical environment or field setting. You are not in a CBRN environment.
One of the critical skills that a Soldier Medic must understand and master is the accurate documentation of symptoms and observations made during patient assessment and management. Entries written in a patient's medical record are legal and permanent documentation of what the patient tells you, what you observe about the patient, your assessment of the patient's problem, and your plan for managing the patient. Remember, "If you didn't document it, you didn't do it."

STANDARDS: Perform all measures IAW Textbook of Basic Nursing. You must score at least 70% (*5 of 6 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low.
- o Environmental: None

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While working at the forward operating base aid station, you encounter a conscious 66 year old male contractor relating a chief complaint of difficulty in breathing and chest pain. He says he fell down a flight of steps and his chest hurts. His airway is open and he is too short of breath to speak in full sentences. His respirations are 22, rapid and shallow. He has a radial pulse of 130 and his blood pressure is 90 over 60. There are bruises on his rib cage. Using the SOAP Note format, record the appropriate information.

3. Evaluator's Comments and After-Test Recommendations:

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**DOCUMENT MEDICAL CARE: SOAP NOTE FORMAT
GRADING SHEET**

TASK	COMPLETED					
4.	1ST		2ND		3RD	
	P	F	P	F	P	F
a. * Recorded the patient's name, rank, date, and time.	<input type="checkbox"/>					
b. * Wrote the subjective (S) data as related by the patient. <i>(Included history applicable to the chief complaint.)</i>	<input type="checkbox"/>					
c. * Wrote the objective (O) data. <i>(Included a physical examination relevant to the chief complaint.)</i> EVALUATOR: The objective data block should not contain any subjective or historical information.	<input type="checkbox"/>					
d. Wrote assessment (A) data.	<input type="checkbox"/>					
e. Wrote the plan (P) .	<input type="checkbox"/>					
f. * Finished the entry with signature, printed name, rank, and title.	<input type="checkbox"/>					

* Critical Elements

**DOCUMENT MEDICAL CARE: SOAP NOTE FORMAT
EVALUATOR GUIDELINES AND INSTRUCTIONS**

EVALUATOR GUIDELINES AND INSTRUCTIONS:

- o Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
- o Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
- o Allow sufficient time for the Soldier Medic to extract information from the scenario.
- o Provide each evaluator with the grading sheet.
- o Ensure the Soldier Medic has all required materials.
- o Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario

Additional Scoring Guidelines:

Write the subjective (**S**) data as related by the patient.

- o Age, sex and race of the patient.
- o Chief complaint.
- o History of present illness/injury (*HPI*)- using OPQRST-A.
 - O**nset
 - P**rovoking/Palliative factors
 - Q**uality
 - R**adiation
 - S**everity (*scale of 1 - 10*)
 - T**iming
 - A**ssociated symptoms
- o Written in the patient's own words (*with quotation marks as needed*)
- o Past history - using SAMPLE.
 - S**igns/symptoms (*already covered by HPI*)
 - A**llergies
 - M**edications
 - P**ast History
 - Past Medical History (*PMH*)
 - Past Surgical History (*PSH*)
 - Social History (*soc Hx*)
 - L**ast oral intake
 - E**vents leading to illness/injury (*usually same as Onset*)

Write the objective (**O**) data.

- o Observations made that relate to the subjective data, to include sight, sound, touch, and smell.
- o General impression.
- o Vital signs.
- o Pertinent physical examination findings by body area.

Write assessment (**A**) data. Recorded interpretation of the patient's problem/condition as well as conclusions based on an analysis of the subjective/objective data.

Write the plan (**P**)

- o Listed course of action to resolve the problem.
 - Profile/limitation in duty the patient can perform.
 - Medication (*s*) dispensed.
 - Patient education.
- o Numbered the plan.

DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: V

REFERENCES: STP 8-68W13-SM-TG, Task: 081-831-0033, Initiate a Field Medical Card; FM 8-10-6.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty who has been provided medical treatment and requires medical evacuation from the field. You are not in a CBRN environment. The U.S. Field Medical Card as a record of events, may prevent accidental medication overdose, alert the receiving medical facility to any special patient care needed for treatment and provides an accurate record of care already provided.

STANDARDS: Perform all measures IAW FM 8-10-6. You must score at least 70% (*6 of 8 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While responding to an emergency call, you encounter SPC Joe J. Hartz, 123-45-6789, an alert 24 year old male relating a chief complaint of external bleeding from a gunshot wound to the right thigh. He says that he is in the Infantry, MOS 11B, with no religious preference, and was in a firefight. When the firefight was over he noticed his leg was bleeding. His airway is open; his respirations are 16 and strong. He has a radial pulse of 90, and his blood pressure is 120 over 80. You have applied a field dressing to the wound to control the bleeding; no medication was given. Using the U.S. Field Medical Card, record the appropriate information.

3. Evaluator's Comments and After-Test Recommendations:

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**DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. Removed protective sheet from the carbon copy of the FMC.	<input type="checkbox"/>					
b. * Completed Block 1.	<input type="checkbox"/>					
c. * Completed Block 3.	<input type="checkbox"/>					
d. * Completed Block 4.	<input type="checkbox"/>					
e. * Completed Block 7.	<input type="checkbox"/>					
f. * Completed Block 9.	<input type="checkbox"/>					
g. * Completed Block 11. <i>EVALUATOR: Only completion of the minimum blocks 1, 3, 4, 7, 9, and 11 is evaluated.</i>	<input type="checkbox"/>					
h. * Attached FMC to the top button hole of the casualty's uniform. <i>EVALUATOR: Attaching of the FMC to the casualty will only be verbalized by the Soldier Medic.</i>	<input type="checkbox"/>					

* Critical Elements

**DOCUMENT MEDICAL CARE: U.S. FIELD MEDICAL CARD (FMC)
EVALUATOR GUIDELINES AND INSTRUCTIONS**

EVALUATOR GUIDELINES AND INSTRUCTIONS:

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.
Soldier Medic: Applicable scenario, Field Medical Card.

Additional Scoring Guidelines:

Completed Block 1. Recorded the casualty's name, rank, SSN, date, and time. Entered Military Service Number (*Foreign Military personnel/EPW*). Entered MOS or AOC for specialty code. Entered religion. Checked appropriate box for gender.

Completed Block 3. Used the figures in the block to show the location(s) of the injury or injuries. Checked the appropriate box(es) to describe the casualty's injury or injuries. Used only approved abbreviations:

- Abr W (*abraded wound*)
- Cont W (*contused wound*)
- FC (*fracture, compound/open*)
- FCC (*fracture, compound/open, comminuted*)
- FS (*fracture, simple/closed*)
- LW (*lacerated wound*)
- MW (*multiple wounds*)
- Pen W (*penetrating wound*)
- Perf W (*perforating wound*)
- SL (*slight*)
- SV (*severe*)

Completed Block 4. Checked appropriate block.

Completed Block 7. Checked the "Yes" or "No" box. Wrote in the dose administered and the date and time it was administered.

Completed Block 9. Wrote in the information requested. If additional space was needed, block 14 was used.

Completed Block 11. Soldier Medic initialed the far right of the block.

MANAGE A CARDIAC ARREST (AUTOMATED EXTERNAL DEFIBRILLATOR)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: VI

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-831-0046, Administer External Chest Compressions; 081-831-0048, Perform Rescue Breathing; 081-833-0016, Insert an Oropharyngeal Airway (J-Tube); 081-833-0017, Ventilate a Patient with a Bag-Valve-Mask System; 081-833-0018, Set up a D-Sized Oxygen Tank; 081-833-0142, Insert a Nasopharyngeal Airway; 081-833-0158, Administer Oxygen; 081-833-3027, Manage Cardiac Arrest using an Automated External Defibrillator; Emergency Care and Transportation of the Sick and Wounded.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty in cardiac arrest in the prehospital environment. You are not in a CBRN environment. The automated external defibrillator (AED) enables the rescuer to administer an electrical shock to the heart when needed. This device is specially programmed to recognize rhythms that require defibrillation to correct most life-threatening arrhythmias found in the prehospital phase of emergency care.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (19 of 26 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI)
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

While responding to an emergency call, you encounter a casualty demonstrating the clinical signs of cardiac arrest. According to the combat lifesaver, the casualty collapsed about 5 minutes ago; CPR was initiated immediately. As your assistant takes over CPR, you must set up an AED, attach the defibrillator pads, initiate rhythm analysis, and, as appropriate, administer shocks to the casualty to restore an effective cardiac rhythm; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**MANAGE A CARDIAC ARREST (AUTOMATED EXTERNAL DEFIBRILLATOR)
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Briefly questioned the combat lifesaver about the arrest events.	<input type="checkbox"/>					
c. Performed an initial assessment to determine responsiveness.	<input type="checkbox"/>					
d. * Briefly stopped CPR and verified pulselessness and apnea. EVALUATOR: State "no pulse" to the Soldier Medic.	<input type="checkbox"/>					
e. Directed the assistant to resume CPR.	<input type="checkbox"/>					
f. Placed the AED near the casualty's head.	<input type="checkbox"/>					
g. Turned on the power.	<input type="checkbox"/>					
h. * Attached the defibrillator pads to the chest. EVALUATOR: The Soldier Medic may remove clothing as necessary to perform.	<input type="checkbox"/>					
i. Directed the assistant to stop CPR.	<input type="checkbox"/>					
j. * Stated aloud "Clear the patient" and ensured no one was in contact with the casualty.	<input type="checkbox"/>					
k. Pushed the "analyze" button and waited for the AED to analyze whether a shockable rhythm is present.	<input type="checkbox"/>					
l. * At the AED prompt, again stated aloud "Clear the patient" ensuring no one was in contact with the casualty and initiated shock (up to 3 stacked shocks). EVALUATOR: The Soldier Medic must "clear the patient" prior to each shock being delivered.	<input type="checkbox"/>					
m. * Reanalyzed the rhythm.	<input type="checkbox"/>					
n. If the AED advised a shock, delivered a second set of stacked shocks.	<input type="checkbox"/>					
o. * Verified absence of spontaneous pulse and breathing. EVALUATOR: State "no pulse" to the Soldier Medic. The Soldier Medic must transition to the second part of the evaluation.	<input type="checkbox"/>					
p. Directed the assistant to resume CPR.	<input type="checkbox"/>					
q. Gathered additional information about the arrest event.	<input type="checkbox"/>					
r. Confirmed effectiveness of CPR.	<input type="checkbox"/>					
s. Inserted an OPA or NPA.	<input type="checkbox"/>					
t. * Using a BVM, ventilated/directed ventilation of the casualty; ensured high concentration of oxygen was delivered.	<input type="checkbox"/>					
u. Ensured CPR continued without unnecessary/prolonged interruption; reconfirmed effectiveness of CPR.	<input type="checkbox"/>					
v. * Reevaluated casualty to verify pulselessness and apnea. EVALUATOR: State "no pulse" to the Soldier Medic.	<input type="checkbox"/>					
w. Repeated AED sequence.	<input type="checkbox"/>					
x. Verbalized transportation of the casualty.	<input type="checkbox"/>					
y. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
z. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* Critical Elements						

**MANAGE A CARDIAC ARREST (AUTOMATED EXTERNAL DEFIBRILLATOR)
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, AED, BVM device, oxygen tank with regulator and oxygen tubing, OPA and/or NPA.

Additional Scoring Guidelines:

Attached the defibrillator pads to the chest.

- One just to the right of the sternum, just below the clavicle.
- The other on the left chest with the top of the pad 2-3 inches below the axilla.

Confirmed effectiveness of CPR.

- Proper depth of compressions.
- Proper rate and depth of ventilations.

MANAGE A NERVE AGENT CASUALTY

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES STP 8-68W13-SM-TG, Tasks: 081-833-0083, Treat a Nerve Agent Casualty in the Field; FM 4-02.285; STP 21-1-SMCT.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty in a chemical environment, lying on the ground and wearing a chemical protective overgarment and mask carrier.
Managing a casualty demonstrating the effects of nerve agent exposure will be a challenging experience. As both you and the casualty must assume MOPP 4 posture, assessing the signs and symptoms of nerve agent poisoning and any other wounds that may be present on the integrated battlefield will be difficult. You must continually practice this difficult task under all possible conditions, both day and night.

STANDARDS: Perform all measures IAW FM 4-02.285 and STP 21-1-SMCT. You must score at least 70% (*9 of 12 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low.
- o Environmental: None

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

While on a combat patrol, operating in a chemical environment (nerve agent), you encounter a casualty lying on the ground and apparently unresponsive. The casualty is in MOPP 4, wearing an M-40 protective mask and a chemical protective overgarment. You must assess the casualty for injuries and for any signs and symptoms associated with nerve agent poisoning; you have been provided the necessary medical equipment and chemical protective gear.

3. **Evaluator's Comments and After-Test Recommendations:**

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**MANAGE A NERVE AGENT CASUALTY
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Ensured the casualty was masked. <i>EVALUATOR: The Soldier Medic should not kneel or unnecessarily contact the ground while treating the casualty.</i>						
b. Inspected the casualty for expended autoinjectors.						
c. Assessed the casualty for injuries. <i>EVALUATOR: State "there are no injuries evident" to the Soldier Medic.</i>						
d. Assessed the casualty for signs/symptoms of nerve agent poisoning. <i>EVALUATOR: Prompt the Soldier Medic with the signs/symptoms. If the Soldier Medic fails to provide proper treatment to the casualty, provide progressively moderate or severe signs and symptoms of a deteriorating casualty.</i>						
e. * Administered the antidote to the casualty.						
f. Checked the casualty for effectiveness of treatment.						
g. * Administered additional atropine or CANA if necessary.						
h. * Ensured expended autoinjectors were secured to the casualty's BDO or JSLIST.						
i. Provided assisted ventilation for severely poisoned casualties, if the equipment was available.						
j. Documented the procedure on the appropriate medical form.						
k. Evacuated the casualty.						
l. * Did not kneel or make unnecessary contact with the ground while managing the casualty.						

* CRITICAL ELEMENTS

**MANAGE A NERVE AGENT CASUALTY
GRADING SHEET (cont'd)**

5. Demonstrated Proficiency Yes No

6. Start Time	7. Stop Time	8. Initial Evaluator
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9. Start Time	10. Stop Time	11. Retest Evaluator
---------------	---------------	----------------------

12. Start Time	13. Stop Time	14. Final Evaluator
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15. Remarks

MANAGE A NERVE AGENT CASUALTY EVALUATOR GUIDELINES AND INSTRUCTIONS

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, MOPP level 4 gear (M-40 protective mask and BDO/JSLIST), medical aid bag stocked with a basic load, NAAK or ATNAA autoinjectors, CANA autoinjectors (training aid), FMC.

Additional Scoring Guidelines:

Masked the casualty as required.

- o Instructed the casualty to mask himself/herself if able or
- o Positioned the casualty face up and masked the casualty.

Inspected the casualty for expended autoinjectors.

- o Left upper pocket for the battle dress overgarment (BDO)
- o Left sleeve pocket for the joint service lightweight integrated suit technology (JSLIST)

Assessed the casualty for signs/symptoms of nerve agent poisoning.

EVALUATOR: Prompt the Soldier Medic with the signs/symptoms as listed below. If the Soldier Medic fails to provide proper treatment to the casualty, provide progressively moderate or severe signs and symptoms of a deteriorating casualty.

- o Mild (unexplained runny nose, sudden headache, excessive salivation, difficulty in seeing, tightness in the chest, stomach cramps, nausea (with or without vomiting), tachycardia or bradycardia)
- o Moderate (all or most of the mild symptoms above) plus fatigue, weakness, muscular twitching)
- o Severe (all or most of the mild and moderate symptoms above) plus strange or confused behavior, wheezing, dyspnea and coughing, severely pinpointed pupils, red eyes with tearing, vomiting, severe muscular twitching and general weakness, involuntary urination and defecation, convulsions, unconsciousness, respiratory failure, bradycardia, paralysis)

Administered the antidote to the casualty.

- o Mild symptoms: Administered/instructed the casualty to administer one MARK I NAAK or one ATNAA.
- o Severe symptoms: Administered three MARK I NAAK or three ATNAA autoinjectors and one CANA to the casualty.

Checked the casualty for effectiveness of treatment.

- o Atropinization: heart rate above 90 bpm, reduced bronchial secretions, reduced salivation.
- o Cessation of convulsions.

Administered additional atropine or CANA if necessary.

- o Administered additional atropine at approximately 15 minute intervals until atropinization was achieved.
- o Continued to administer additional atropine at 30 minute to 4 hour intervals to maintain atropinization or until the casualty was evacuated to a medical treatment facility (MTF)
- o Administered a second and, if needed a third CANA at 5-10 minute intervals to casualties suffering seizures.

MANAGE AN OPEN PNEUMOTHORAX

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I
REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0049, Treat a Casualty with a Chest Injury; Prehospital Trauma Life Support (PHTLS), Revised Military Edition.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty or a Soldier acting as a casualty with severe thoracic trauma in a simulated combat environment. You are not in a CBRN environment.
Many casualties with multiple injuries have an associated chest injury. Severe thoracic injuries often result from motor vehicle collisions, falls, gunshot wounds, crush injuries, and stab wounds. Thoracic injuries are treatable if the casualty is properly assessed, managed, and evacuated in a timely and effective manner.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (8 of 11 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

During an artillery barrage, a Soldier is struck in the chest with a fragment from one of the exploding projectiles. After moving the casualty behind effective cover, you perform your initial and rapid trauma assessment. You determine the casualty has an open pneumothorax. You must manage the chest wound and restore adequate respirations; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**MANAGE AN OPEN PNEUMOTHORAX
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.						
b. Exposed the injury by cutting away the casualty's clothing.						
c. Covered the open wound immediately with their gloved hand.						
d. * Covered the wound with a large sterile, nonporous dressing, covering the larger wound first if multiple wounds were assessed.						
e. Taped three of four sides to provide a flutter-type valve effect.						
f. * While maintaining C-spine stabilization, log-rolled the casualty (onto their injured side) to examine the posterior.						
g. * Covered the exit wound with a (four-sided) fully occlusive dressing.						
h. * Placed the casualty in a sitting position or on their injured side (recovery position) during transport.						
i. Removed their gloves and disposed of them appropriately.						
j. Documented the procedure on the appropriate medical form.						
k. * Did not cause further injury to the casualty.						

* CRITICAL ELEMENTS

**MANAGE AN OPEN PNEUMOTHORAX
GRADING SHEET (cont'd)**

5. Demonstrated Proficiency Yes No

6. Start Time	7. Stop Time	8. Initial Evaluator
---------------	--------------	----------------------

9. Start Time	10. Stop Time	11. Retest Evaluator
---------------	---------------	----------------------

12. Start Time	13. Stop Time	14. Final Evaluator
----------------	---------------	---------------------

15. Remarks

**MANAGE AN OPEN PNEUMOTHORAX
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines: None

CONTROL BLEEDING USING AN EMERGENCY BANDAGE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: 1

REFERENCES STP 8-68W13-SM-TG, Task: 081-833-0212, Apply a Pressure Dressing to an Open Wound.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with significant extremity hemorrhage in a simulated combat environment. You are not in a CBRN environment.

The timely and appropriate use of direct pressure and pressure dressings applied directly to the wound usually controls bleeding. The emergency bandage (*Israeli dressing*) has been found to be extremely effective.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*9 of 12 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- Precautions: Wear gloves and eye protection as a minimal standard of protection.
- Environmental: None

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

An infantryman moving through a built-up area has the point on your patrol. An artillery round impacts approximately 25 meters from where he is standing. Once counter-battery fire is initiated, you move forward to his position. The casualty is alert and oriented, and has significant bleeding coming from his left forearm. Following your initial and rapid trauma assessment you determine that this is his only significant injury. You must apply an emergency bandage to the open wound; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**CONTROL BLEEDING USING AN EMERGENCY BANDAGE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. Opened the sterile package of the emergency bandage. EVALUATOR: The Soldier Medic must not contaminate the white side of the emergency bandage by touching it.	<input type="checkbox"/>					
d. Applied the emergency bandage to the extremity; applied the white portion directly over the wound.	<input type="checkbox"/>					
e. * Wrapped the elastic portion of the emergency bandage around the extremity, and inserted the elastic wrap completely into the pressure bar.	<input type="checkbox"/>					
f. * Pulled the emergency bandage tight and reversed it back over the top of the pressure bar forcing the bar down onto the wound pad.	<input type="checkbox"/>					
g. Continued to wrap the elastic bandage tightly over the pressure bar and wound pad; ensuring the edges of the wound pad were completely covered.	<input type="checkbox"/>					
h. * Secured the hooking ends of the closure bar onto the last wrap of the bandage.	<input type="checkbox"/>					
i. Evaluated pulse, motor, sensory (PMS).	<input type="checkbox"/>					
j. * Reevaluated to ensure bleeding has stopped.	<input type="checkbox"/>					
k. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
l. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* Critical Elements

**CONTROL BLEEDING USING AN EMERGENCY BANDAGE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines: None

CONTROL BLEEDING USING AN IMPROVISED TOURNIQUET

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES STP 8-68W13-SM-TG, Task: 081-833-0210, Apply a Tourniquet to Control Bleeding; Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with significant extremity hemorrhage in a simulated combat environment. You are not in a CBRN environment. Direct pressure, elevation, and pressure dressings applied directly to the wound usually control bleeding; however, they are not always effective. In the case of traumatic amputations and in a tactical environment, use of tourniquets will greatly decrease the mortality of severely injured casualties, and may be the initial intervention to control severe hemorrhaging.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (10 of 14 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

Your infantry squad has been assigned the task to patrol the outskirts of a village. To your front, a mortar round impacts near your squad's point man; you drag the Soldier behind cover and perform your initial and rapid trauma assessment. The casualty is conscious and has a traumatic amputation of his left lower leg. You determine that a tourniquet is the best way to bring the hemorrhage under control. You do not have access to your M-5 medical aid bag; you must apply an improvised tourniquet using the materials available.

3. Evaluator's Comments and After-Test Recommendations:

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**CONTROL BLEEDING USING AN IMPROVISED TOURNIQUET
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. Assembled the materials for the improvised tourniquet.	<input type="checkbox"/>					
d. * Placed the improvised tourniquet between the casualty's heart and the wound; left at least 2 inches of uninjured skin between the tourniquet and the wound.	<input type="checkbox"/>					
e. Wrapped the improvised tourniquet (cravat) around the extremity and tied a half-knot on the anterior surface of the extremity.	<input type="checkbox"/>					
f. Placed a stick or similar object (windlass) directly over the half-knot; tied a square knot over the stick.	<input type="checkbox"/>					
g. * Twisted the stick until bleeding stopped. EVALUATOR: If a fellow Soldier is used as the simulated casualty, prompt the Soldier Medic when bleeding has stopped. Use care to not overtighten the tourniquet on the simulated casualty.	<input type="checkbox"/>					
h. * Secured the stick in place using tape or another cravat.	<input type="checkbox"/>					
i. Using a marker, drew a "T" on the casualty's forehead and recorded the date and time the tourniquet was applied (scrap paper or FMC). EVALUATOR: The Soldier Medic must not cover the tourniquet.	<input type="checkbox"/>					
j. Dressed the stump.	<input type="checkbox"/>					
k. Preserved the amputated part (if possible).	<input type="checkbox"/>					
l. Transported the casualty as soon as possible to an MTF; transported the amputated part with the casualty (if possible).	<input type="checkbox"/>					
m. Documented the procedure on the appropriate medical form (at the first opportunity).	<input type="checkbox"/>					
n. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* Critical Elements

**CONTROL BLEEDING USING AN IMPROVISED TOURNIQUET
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, cravats and sticks, adhesive tape, marker.

Additional Scoring Guidelines: None

CONTROL BLEEDING USING A COMBAT APPLICATION TOURNIQUET (C-A-T)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES STP 8-68W13-SM-TG, Task: 081-833-0210, Apply a Tourniquet to Control Bleeding.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with significant extremity hemorrhage in a simulated combat environment. You are not in a CBRN environment.
Direct pressure, elevation, and pressure dressings applied directly to the wound usually control bleeding; however, they are not always effective. In the case of traumatic amputations and in a tactical environment, use of tourniquets will greatly decrease the mortality of severely injured casualties.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (10 of 13 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

Your infantry squad has been assigned the task to patrol the outskirts of a village. To your front, a mortar round impacts near your squad's point man; you drag the Soldier behind cover and perform your initial and rapid trauma assessment. The casualty is conscious and has a traumatic amputation of his left lower leg. You determine that a tourniquet is the best way to bring the hemorrhage under control. You must apply a combat application tourniquet (C-A-T) to control the bleeding; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**CONTROL BLEEDING USING A COMBAT APPLICATION TOURNIQUET (C-A-T)
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. Removed the C-A-T from the casualty's carrying pouch.	<input type="checkbox"/>					
d. Slid the wounded extremity through the loop of the self-adhering band.	<input type="checkbox"/>					
e. * Positioned the C-A-T between the casualty's heart and the wound; left at least 2 inches of uninjured skin between the C-A-T and the wound.	<input type="checkbox"/>					
f. Applied the C-A-T.	<input type="checkbox"/>					
g. * Twisted the windlass until bleeding stopped. EVALUATOR: If a fellow Soldier is used as the simulated casualty, prompt the Soldier Medic when bleeding has stopped. Use care to not overtighten the C-A-T on the simulated casualty.	<input type="checkbox"/>					
h. Locked the rod in place with the windlass clip.	<input type="checkbox"/>					
i. * Grasped the windlass strap, pulled it tight, and adhered it to the Velcro on the windlass clip.	<input type="checkbox"/>					
j. Using a marker, drew a "T" on the casualty's forehead and recorded the date and time the C-A-T was applied (FMC). EVALUATOR: The Soldier Medic must not cover the C-A-T.	<input type="checkbox"/>					
k. Transported the casualty as soon as possible to an MTF.	<input type="checkbox"/>					
l. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
m. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* Critical Elements

**CONTROL BLEEDING USING A COMBAT APPLICATION TOURNIQUET (C-A-T)
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines:

NOTE: If the wound is on the lower leg or the forearm, bleeding may not be completely controlled with the tourniquet 2 inches above the wound. If not, the C-A-T may need to be repositioned above the knee/elbow to completely control the bleeding.

Applied the C-A-T.

- Pulled the free running end of the self-adhering band tight and securely fastened it back on itself (*if applying to an arm wound*).
Did not adhere the band past the windlass clip.
- If applying to a leg wound, the self-adhering band must be routed through the friction adapter buckle and fastened back on itself. This will prevent it from loosening when twisting the windlass clip.

Locked the rod in place with the windlass clip.

NOTE: For added security (*and always before moving the casualty*), secured the windlass rod with the windlass strap. For smaller extremities, continued to wind the self-adhering band across the windlass clip and secured it under the windlass strap.

CONTROL BLEEDING USING A HEMOSTATIC DRESSING

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0211, Apply a Hemostatic Dressing.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given a casualty with significant extremity hemorrhage in a simulated combat environment. You are not in a CBRN environment.
The timely and appropriate use of direct pressure and pressure dressings applied directly to the wound usually controls bleeding. The hemostatic (chitosan) dressing has been found to be extremely effective when these other methods are not controlling the hemorrhage.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (7 of 9 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

Your squad is moving through a built-up area when a sniper opens up on the rear guard striking him in the leg. Once the sniper has been eliminated, you move back to the casualty's position. He appears alert and is screaming in pain. The squad automatic weapon gunner is applying direct pressure to what appears to be an arterial bleeder in the casualty's upper thigh. Despite his best efforts, bright red blood continues to spurt from the wound. You determine that this type of bleeding is best controlled by a hemostatic agent. You must apply a hemostatic dressing to the lacerated blood vessel to control the hemorrhage; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**CONTROL BLEEDING USING A HEMOSTATIC DRESSING
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Exposed the injury by cutting away the casualty's clothing.	<input type="checkbox"/>					
c. * Opened the sterile package and removed the dressing without contaminating the cream-colored portion.	<input type="checkbox"/>					
d. * Placed the cream-colored sponge portion of the dressing directly onto the wound where the bleeding is the heaviest.	<input type="checkbox"/>					
e. * Held pressure on the dressing for 2-4 minutes or until the dressing adhered to the wound and bleeding stopped. EVALUATOR: Inform the Soldier Medic that 4 minutes have passed and the bleeding has not stopped.	<input type="checkbox"/>					
f. * Removed the original dressing and applied direct pressure until a new dressing was in its place. Again held pressure on the dressing for 2-4 minutes or until the dressing adhered to the wound and bleeding stopped. EVALUATOR: Inform the Soldier Medic that 2 minutes have passed and the dressing has adhered to the wound and bleeding has stopped.	<input type="checkbox"/>					
g. Applied a sterile dressing over the dressing to secure it in place.	<input type="checkbox"/>					
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
i. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**CONTROL BLEEDING USING A HEMOSTATIC DRESSING
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include a hemostatic dressing.

Additional Scoring Guidelines:

Opened the sterile package.

- o Peeled back the unsealed edges at the top of the package.
- o Removed the dressing from the package; did not contaminate the cream-colored portion of the dressing.
- o Held the dressing by the nonabsorbable polyester backing and discarded the foil pouch.

INITIATE A SALINE LOCK

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: III

REFERENCES: STP 8-68W13-SM-TG, Task: 081-835-3025, Initiate a Saline Lock.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given an intravenous therapy trainer or a Soldier acting as a casualty in a simulated combat environment. You are not in a CBRN environment.
Establishment of appropriate intravenous access by the Soldier Medic could make the difference between a casualty surviving to the next level of care or dying because medications or fluids could not be delivered.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*12 of 17 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Medium. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*)
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

NOTE: This invasive procedure has the risk of accidental needle stick; this risk is profoundly minimized by adequate direct supervision and ongoing instruction during the practical exercise. See DA Pam 40-11, *Preventive Medicine*.

TEST SCENARIO:

A casualty in your care has been undergoing intravenous fluid therapy. Due to a much improved mental status and a strong radial pulse, you determine that fluids are no longer required; however, you must maintain peripheral venous access. You must convert the IV line to a saline lock and hold fluids; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**INITIATE A SALINE LOCK
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4. EVALUATOR: This procedure is evaluated after DA Form 7595-18-R, Initiate an Intravenous Infusion, has been successfully performed.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assembled the necessary equipment.	<input type="checkbox"/>					
c. Explained the procedure to the casualty (if conscious) and asked about known allergies.	<input type="checkbox"/>					
d. * Inspected existing IV line to ensure patency.	<input type="checkbox"/>					
e. Prepared and inspected equipment. EVALUATOR: Observe to ensure there is no violation of aseptic technique; if in doubt, discard the needle and/or saline lock connector, obtain new equipment, and repeat the step.	<input type="checkbox"/>					
f. Donned gloves.	<input type="checkbox"/>					
g. Closed the flow-regulator completely.	<input type="checkbox"/>					
h. Removed the IV tubing.	<input type="checkbox"/>					
i. Attached the saline lock connector to the catheter hub.	<input type="checkbox"/>					
j. Applied a transparent dressing, covering both the catheter and the body of the saline lock connector.	<input type="checkbox"/>					
k. * Flushed the saline lock connector with sterile saline. EVALUATOR: Observe to ensure there is no violation of aseptic technique by the Soldier Medic; if in doubt, discard the saline lock connector, obtain new equipment, and repeat the step. EVALUATOR: Administratively gain control of the needle and syringe unit and place it in a sharps container.	<input type="checkbox"/>					
l. Labeled a piece of tape with date/time initiated and their initials; secured the tape over the dressing.	<input type="checkbox"/>					
m. Monitored the casualty and continued to observe the venipuncture site for signs of inflammation.	<input type="checkbox"/>					
n. Removed their gloves and disposed of them appropriately.	<input type="checkbox"/>					
o. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
p. * Did not violate aseptic technique.	<input type="checkbox"/>					
q. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**INITIATE A SALINE LOCK
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include IV solution, administration set, needle and syringe, sterile saline solution, and saline lock connectors.

Additional Scoring Guidelines:

Inspected existing IV line to ensure patency.

- o Opened the flow-regulator clamp.
- o Dropped the solution container lower than the casualty's heart to observe for a backflash of blood into the IV tubing.
- o Rehung the solution container at least 2 feet above the level of the casualty's heart.
- o Adjusted the flow-regulator to a TKO (*KVO*) rate.

Prepared and inspected equipment.

- o Saline lock connector.
- o 18 gauge needle and syringe unit with 5 ml of sterile saline solution.
- o Opened the transparent (*Tegaderm*) dressing and placed it where it was readily accessible.

Removed the IV tubing.

- o Placed a finger (*nondominant hand*) over the vein at the catheter tip and tamponaded the vein preventing blood from flowing out the catheter.
- o Removed the IV adapter (*with dominant hand*) from the end of the catheter.

Flushed the saline lock connector with sterile saline.

- o Cleansed the medication port of the saline lock connector.
- o With the nondominant hand, grasped the saline lock connector and maintained control of it.
- o Inserted the pre-prepared 18 gauge needle and syringe unit; injected 5 ml of sterile saline into the saline lock connector; and removed the needle and syringe unit.

INITIATE AN INTRAOSSEOUS INFUSION (F.A.S.T. 1™)

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: III

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0185, Initiate a FAST 1.

1. Soldier (Last Name, First Name, MI)

2. Date (YYYYMMDD)

CONDITIONS: Given an intraosseous trainer in a simulated combat environment. You are not in a CBRN environment. In managing a casualty that is exhibiting the signs and symptoms of hypovolemic (hemorrhagic) shock, peripheral intravenous access may not be possible. Vascular access by sternal intraosseous infusion could make the difference between a casualty dying of the wounds received or surviving evacuation to the next level of care.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (14 of 20 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

The lead Bradley infantry fighting vehicle traveling directly in front of your vehicle has been struck by an IED. After securing the immediate area, the casualties are moved to safety. Following your initial assessment and rapid trauma assessment you determine that you must establish peripheral intravenous access for one of the casualties in order to initiate fluids. After two attempts at initiating a peripheral IV, you are unable to establish venous access. You must establish vascular access by sternal intraosseous (F.A.S.T. 1™) device; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**INITIATE AN INTRAOSSEOUS INFUSION (F.A.S.T.1™)
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assembled the necessary equipment.	<input type="checkbox"/>					
c. Explained the procedure to the casualty (if conscious) and asked about known allergies.	<input type="checkbox"/>					
d. Prepared and inspected equipment.	<input type="checkbox"/>					
e. Donned gloves.	<input type="checkbox"/>					
f. Located the suprasternal notch.	<input type="checkbox"/>					
g. Cleansed the site with antimicrobial solution.	<input type="checkbox"/>					
h. Emplaced the target patch using their index finger to ensure proper alignment with the casualty's sternal notch.	<input type="checkbox"/>					
i. Rechecked the location of the target patch.	<input type="checkbox"/>					
j. * Placed the introducer into the target zone of the target patch; maintained perpendicular aspect of the introducer to the manubrium.	<input type="checkbox"/>					
k. Applied firm, increasing pressure along the axis of the introducer until a distinct release was felt/heard. WARNING: Extreme force, twisting, or jabbing of the introducer must be avoided.	<input type="checkbox"/>					
l. Gently removed the introducer by pulling straight back.	<input type="checkbox"/>					
m. Flushed the infusion tube with 5 ml of sterile saline.	<input type="checkbox"/>					
n. Connected the infusion tube to the right angle connector on the target patch.	<input type="checkbox"/>					
o. Opened the flow-regulator clamp and allowed the fluid to run freely for several seconds; adjusted to the desired flow rate.	<input type="checkbox"/>					
p. Attached the remover device to the casualty.	<input type="checkbox"/>					
q. Removed their gloves and disposed of them appropriately.	<input type="checkbox"/>					
r. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
s. * Did not violate aseptic technique.	<input type="checkbox"/>					
t. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**INITIATE AN INTRAOSSEOUS INFUSION (F.A.S.T.1™)
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load to include IV solution, administration set, and F.A.S.T.1™ kit.

Additional Scoring Guidelines: None

PACKAGE A CASUALTY FOR TRANSPORT

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES: STP 21-1-SMCT, Task: 081-831-1046, Transport a Casualty.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given multiple trauma casualties in a simulated combat environment. You are not in a CBRN environment. With limited medical care providers available on the battlefield, it becomes imperative that all Soldiers know how to treat and evacuate critically injured casualties. Conventional litters may not be available until an evacuation asset arrives but many units are deploying assault type litters onto the battlefield. You must be familiar with them and how to effectively package a casualty for evacuation.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*7 of 10 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

Your squad is the first to arrive at the site of an IED explosion; all casualties require evacuation. Following the initial assessment and triage of the casualties, you must use a cross-section of improvised, standard, and assault litters to move the casualties 100 meters down the road; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PACKAGE A CASUALTY FOR TRANSPORT
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Assembled materials and created an improvised poncho litter.	<input type="checkbox"/>					
c. Assembled materials and created an improvised pole and jacket litter.	<input type="checkbox"/>					
d. Assembled materials and created an improvised pole and sack litter.	<input type="checkbox"/>					
e. Assembled materials and created an improvised poncho litter without poles.	<input type="checkbox"/>					
f. * Secured a casualty to a SKED litter.	<input type="checkbox"/>					
g. * Secured a casualty to a Talon litter.	<input type="checkbox"/>					
h. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
i. * Maintained proper spinal alignment where applicable.	<input type="checkbox"/>					
j. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PACKAGE A CASUALTY FOR TRANSPORT
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet, applicable scenario, variety of litter types, including but not limited to improvised litter with poncho, BDU/DCU/ACU jacket, and sack, and poles, SKED litter, Talon litter.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines:

Assembled materials and created an improvised poncho litter.

- o Spread an open poncho on the ground with hood tied off with the drawstring.
- o Laid one pole lengthwise across the center; folded the poncho (*over the pole*) in half.
- o Placed the second pole at the center line of the folded poncho.
- o Folded the free edges of the poncho over the second pole. The casualty's weight will "lock" the poncho in place.

Assembled materials and created an improvised pole and jacket litter.

- o Buttoned/snapped all buttons on two jackets or shirts.
- o Turned the sleeves of the garments inside the body of the garment.
- o Buttoned/snapped the two jackets together at the lapels.
- o Laid the jackets or shirts on the ground with the buttons/snaps toward the ground.
- o Placed a litter pole through each sleeve, starting at the shoulder of one jacket/shirt, inserting to the end of the pole, then inserting back through the other jacket sleeve.

Assembled materials and created an improvised pole and sack litter.

- o Took the closed end of a sack and cut holes in the corner large enough to insert a litter pole through.
- o Placed two sacks, open-end to open-end flat on the ground.
- o Placed a litter pole through each sack opening, starting at the center of one sack, inserting to the end of the pole, then inserting back through the other sack.
- o Overlapped the two open ends approximately 3 inches at the center of the improvised litter.

Assembled materials and created an improvised poncho litter without poles.

- o Spread a poncho flat on the ground.
- o Placed the casualty across the center of the poncho.
- o Tightly rolled the sides of the poncho towards the casualty in the center.
- o Bearers will place their hands as close to the casualty as possible and must support the head and neck of the casualty while lifting.

**PACKAGE A CASUALTY FOR TRANSPORT
EVALUATOR GUIDELINES AND INSTRUCTIONS (cont'd)**

Secured a casualty to a SKED litter.

- o Removed the SKED from the pack and placed it on the ground.
- o Unfastened the retainer strap, stepped on the foot end of the SKED, and unrolled completely to the opposite end.
- o Bent the SKED in half and rolled it back; repeated the process with the opposite end of the SKED litter
(the SKED will now lay flat).
- o Placed the SKED litter next to the casualty. Ensured the head end of the litter was adjacent to the casualty's head.
Placed the cross-straps under the SKED.
- o Log-rolled the casualty and slid the SKED litter as far under the casualty as possible. Gently rolled the casualty down onto the SKED litter.
- o Slid the casualty to the center of the SKED litter being certain to maintain spinal alignment.
- o Pulled the straps out from under the SKED litter.
- o Lifted the sides of the SKED and fastened the four cross-straps to the buckles directly opposite from the straps.
- o Lifted the foot portion of the SKED litter and fed the foot straps through the unused grommets at the foot end of the SKED litter; fastened to the buckles.

NOTE: The dragline is attached to the head portion of the SKED litter and used to transport the casualty off the battlefield.

Secured a casualty to a Talon litter.

- o Unfolded the litter and placed it next to the casualty.
- o Log-rolled the casualty and slid the Talon litter as far under the casualty as possible. Gently rolled the casualty down onto the Talon litter.
- o Secured the casualty to the Talon litter with the attached straps.

HYPOTENSIVE RESUSCITATION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: III

REFERENCES:

STP 8-68W13-SM-TG, Tasks: 081-833-0033, Initiate an Intravenous Infusion; 081-833-0213, Perform a Tactical Casualty Assessment; 081-835-3025, Initiate a Saline Lock; Prehospital Trauma Life Support (*PHTLS*), *Revised Military Edition*.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with unspecified wounds demonstrating the signs and symptoms of hypovolemic shock in a simulated combat environment. You are not in a CBRN environment.

The timely and appropriate use of intravenous therapy by the Soldier Medic could make the difference between a casualty dying of the wounds received or surviving evacuation to the next level of care.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*8 of 11 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Medium. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).

- o Precautions: Wear gloves and eye protection as a minimal standard of protection.

- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

NOTE: This invasive procedure has the risk of accidental needle stick; this risk is profoundly minimized by adequate direct supervision and on-going instruction during the practical exercise. See DA Pam 40-11, *Preventive Medicine*.

TEST SCENARIO:

An infantryman was moving through a built-up area when an artillery round impacted approximately 20 meters from where he was standing. Following counter-battery, you move forward to his position. As you approach the casualty, you see him returning fire from a covered position. You determine the position is secure enough for you to provide emergency care from a kneeling position. You note considerable blood coming from behind the casualty's thigh. You must assess and manage this casualty; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**HYPOTENSIVE RESUSCITATION
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions. EVALUATOR: Inform the Soldier Medic that the casualty is now supine and behind cover.	<input type="checkbox"/>					
b. Took steps to control the hemorrhage first.	<input type="checkbox"/>					
c. Initiated intravenous access by IV.	<input type="checkbox"/>					
d. If unable to initiate peripheral venous access, considered a sternal intraosseous line (F.A.S.T. 1™).	<input type="checkbox"/>					
e. * Palpated for radial pulse and assessed casualty's mentation; reacted appropriately. EVALUATOR: Inform the Soldier Medic that 30 minutes has passed.	<input type="checkbox"/>					
f. Rechecked the radial pulse in 30 minutes; reacted appropriately. EVALUATOR: Inform the Soldier Medic that another 30 minutes has passed.	<input type="checkbox"/>					
g. Rechecked the radial pulse in 30 minutes; reacted appropriately.	<input type="checkbox"/>					
h. * Considered triaging medical supplies.	<input type="checkbox"/>					
i. * Protected the casualty from hypothermia pending evacuation.	<input type="checkbox"/>					
j. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
k. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**HYPOTENSIVE RESUSCITATION
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading Sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines:

Palpated for radial pulse and assessed casualty's mentation; reacted appropriately.

- o If radial pulse was present, and casualty was able, gave oral fluids.
- o If radial pulse was absent, or casualty had altered mentation, started Hextend 500 ml as rapidly as possible.

Rechecked the radial pulse in 30 minutes; reacted appropriately.

- o If the radial pulse had returned, held fluids (*initiates a saline lock*) and rechecked as often as possible.
- o If the radial pulse had not returned or mentation had not improved, gave another 500 ml of Hextend.

Rechecked the radial pulse in 30 minutes; reacted appropriately.

- o If radial pulse had returned, held fluids (*initiates a saline lock*) and evacuated the casualty as soon as possible.
- o If radial pulse had not returned or mentation had not improved, determined if additional casualties existed and amount of fluid available in the medical aid bag.

PERFORM CASUALTY TRIAGE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, V

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0080, Triage Casualties on a Conventional Battlefield.

1. Soldier (*Last Name, First Name, MI*)

2. Date (YYYYMMDD)

CONDITIONS: Given multiple trauma casualties in a simulated combat environment. You are not in a CBRN environment. In combat, the casualties with the most severe injuries or the greatest threat to life are not necessarily the ones that receive the first priority when dealing with multiple casualty scenarios. In these situations, consideration must be given to the likelihood of survival of the casualty and the availability of limited resources. The predominant principle of casualty triage is to treat and return to duty the greatest number Soldiers in the shortest possible time. This gives the combat commander additional assets to defeat the enemy. A familiarity with the principles of casualty triage will assist the Soldier Medic in rendering vitally important emergency medical care to Soldiers in a timely manner and will help reduce the number of Soldiers who die from their combat wounds.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*5 of 7 steps*) and not miss any critical (*) elements on the skill sheet.

- SAFETY:**
- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
 - o Precautions: Wear gloves and eye protection as a minimal standard of protection.
 - o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

Your squad is the first to arrive at the site of an improvised explosive device (IED) explosion where there are multiple casualties. The area has been secured. Triage the casualties; you have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM CASUALTY TRIAGE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (<i>BSI</i>) precautions.	<input type="checkbox"/>					
b. * Assessed each casualty.	<input type="checkbox"/>					
c. Managed the most seriously injured (<i>salvageable</i>) casualties first.	<input type="checkbox"/>					
d. Based their assessments on the casualty's viability and available resources.	<input type="checkbox"/>					
e. * Performed continual reevaluations; reassigned treatment/evacuation priorities accordingly.	<input type="checkbox"/>					
f. Requested medical evacuation.	<input type="checkbox"/>					
g. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM CASUALTY TRIAGE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading Sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load.

Additional Scoring Guidelines:

Assessed each casualty.

- o Conducted a quick visual assessment.
- o Determined which casualties were the most seriously injured.

Managed the most seriously injured (*salvageable*) casualties first.

- o Reexamined their general condition, types of injuries, and need for immediate life-saving measures.
- o Conducted a complete enough assessment to identify injuries, initiate life-saving treatments, and determine priorities of treatment.

PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I, V

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0155, Perform a Trauma Casualty Assessment; Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a patient with a suspected injury or injuries in a simulated prehospital environment. You are not in a CBRN environment. Patient assessment is the cornerstone of good prehospital care. The best EMS providers are renowned for their thorough and systematic approach to performing patient assessments. If you can develop a consistent and methodical approach to assessment, you will be well on your way to providing the best possible medical care.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (32 of 45 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

As per Trauma Scenario. You are responding to an emergency call for a motor vehicle collision with injuries. You must perform a thorough and systematic initial patient and rapid trauma assessment for this trauma casualty in order to guide your decision-making process as to how to best manage this casualty.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4. Performed a Scene Size-Up						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. * Determined if the scene is safe.	<input type="checkbox"/>					
c. * Determined the mechanism of injury.	<input type="checkbox"/>					
d. * Determined the number of casualties.	<input type="checkbox"/>					
e. * Requested additional assistance if deemed necessary. NOTE: The need for additional assistance is based on the number of patients. MOI may dictate additional personnel or equipment.	<input type="checkbox"/>					
f. Considered stabilization of C-spine based on evaluation of the MOI.	<input type="checkbox"/>					
5. Performed an Initial Assessment EVALUATOR: As the Soldier Medic performs each step in the initial assessment, provide the correct responses as per the Trauma Scenario.						
	P	F	P	F	P	F
a. * Formed a general impression of the casualty.	<input type="checkbox"/>					
b. * Initiated and maintained C-spine stabilization.	<input type="checkbox"/>					
c. * Determined responsiveness/assessed the casualty's mental status.	<input type="checkbox"/>					
6. Assessed Airway and Breathing						
	P	F	P	F	P	F
a. * Assessed the airway (<i>look, listen, feel</i>).	<input type="checkbox"/>					
b. * Assessed the breathing (<i>rate, rhythm, quality</i>).	<input type="checkbox"/>					
c. Initiated appropriate oxygen therapy.	<input type="checkbox"/>					
7. Assessed Circulation						
	P	F	P	F	P	F
a. * Assessed the skin (<i>color, temperature, condition</i>).	<input type="checkbox"/>					
b. * Assessed the pulse (<i>rate, rhythm, strength</i>).	<input type="checkbox"/>					
c. * Assessed for and controlled significant bleeding.	<input type="checkbox"/>					
d. Treated the casualty for shock (<i>as appropriate</i>).	<input type="checkbox"/>					
8. Identified Priority and Made a Transport Decision						
	P	F	P	F	P	F
a. Selected the appropriate assessment to perform (<i>rapid trauma, focused</i>).	<input type="checkbox"/>					
b. Made a transport decision (<i>immediate transport, ALS backup</i>).	<input type="checkbox"/>					
9. Performed a Rapid Trauma Assessment						
	P	F	P	F	P	F
a. * Continued spinal immobilization.	<input type="checkbox"/>					
b. * Assessed the head.	<input type="checkbox"/>					

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA
GRADING SHEET (cont'd)**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
9. Performed a Rapid Trauma Assessment (cont'd)						
c. * Assessed the neck.	<input type="checkbox"/>					
d. * Assessed the chest.	<input type="checkbox"/>					
e. * Assessed the abdomen.	<input type="checkbox"/>					
f. * Assessed the pelvis.	<input type="checkbox"/>					
g. * Assessed the extremities.	<input type="checkbox"/>					
h. * Assessed the posterior (<i>log rolls with spinal precautions</i>) . * EVALUATOR: If after detecting (IAW Trauma Scenario) an unstable pelvis or bilateral femur fractures and the Soldier Medic log-rolls the casualty, they will be scored Fail.	<input type="checkbox"/>					
10. Obtained SAMPLE History/Transport/Vital Signs						
a. * Obtained a SAMPLE History (<i>prior to leaving the scene</i>).	<input type="checkbox"/>					
b. Transported the casualty within 10 minutes.	<input type="checkbox"/>					
c. * Obtained vital signs (<i>pulse, respirations, blood pressure</i>).	<input type="checkbox"/>					
11. Performed a Detailed Physical Examination During Transport						
a. * Assessed the scalp and cranium (<i>DCAP-BTLS / TIC</i>).	<input type="checkbox"/>					
b. * Assessed the ears (<i>DCAP-BTLS / fluid drainage</i>).	<input type="checkbox"/>					
c. * Assessed the face (<i>DCAP-BTLS</i>).	<input type="checkbox"/>					
d. * Assessed the eyes (<i>DCAP-BTLS / pupils</i>).	<input type="checkbox"/>					
e. * Assessed the nose (<i>DCAP-BTLS / fluid drainage</i>).	<input type="checkbox"/>					
f. * Assessed the mouth (<i>DCAP-BTLS / tongue / odors</i>).	<input type="checkbox"/>					
g. * Assessed the neck (<i>DCAP-BTLS / JVD / tracheal deviation</i>).	<input type="checkbox"/>					
h. * Assessed the chest (<i>DCAP-BTLS / TIC / auscultates</i>).	<input type="checkbox"/>					
i. * Assessed the abdomen (<i>DCAP-BTLS / TRD</i>).	<input type="checkbox"/>					
j. * Assessed the pelvis (<i>DCAP-BTLS / crepitus or instability</i>).	<input type="checkbox"/>					
k. * Assessed the extremities (<i>DCAP-BTLS / PMS x 4</i>).	<input type="checkbox"/>					
l. * Assessed the posterior (<i>DCAP-BTLS / rectal bleeding</i>).	<input type="checkbox"/>					
m. * Managed secondary injuries found during survey.	<input type="checkbox"/>					
n. * Reassessed vital signs (<i>pulse, respirations, blood pressure</i>).	<input type="checkbox"/>					
o. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
p. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.

Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.

Allow sufficient time for the Soldier Medic to extract information from the scenario.

Provide each evaluator with the grading sheet.

Ensure the Soldier Medic has all required materials.

Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load, C-collar and long spine board, evacuation vehicle, another Soldier performing as an assistant/Combat Lifesaver.

Additional Scoring Guidelines:

Performed a Scene Size-Up

Determined if the scene was safe.

- o Evaluated the scene for the safety of the casualty and emergency personnel.
- o Determined the safest route to access the casualty.

Performed an Initial Assessment

Formed a general impression of the casualty.

- o Immediately looked for life-threatening conditions.
- o Looked for the mechanism of injury (MOI).
- o Determined if the casualty was coherent and able to answer questions.

Determined responsiveness/assessed the casualty's mental status.

- o Level of consciousness (LOC).
- o AVPU.
- o Determined chief complaint/apparent life threats.

Assesseed Airway and Breathing

Assessed the airway (*look, listen, feel*).

- o Open and patent.
- o Adjunct(s) indicated.

Performed a Rapid Trauma Assessment

Assessed the head.

- o Inspected for DCAP-BTLS.
- o Palpated for crepitus.

Assessed the neck.

- o Inspected for DCAP-BTLS.
- o Assessed for tracheal deviation.
- o Assessed for jugular vein distension (JVD)
- o Palpated the C-spine for step-offs (*applied cervical collar*).

Assessed the chest.

- o Inspected for DCAP-BTLS.
- o Palpated for tenderness, instability, crepitus (TIC).
- o Inspected for paradoxical motion.

Assessed the abdomen.

- o Inspected for DCAP-BTLS.
- o Palpated for tenderness, rigidity, distension (TRD).

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA
EVALUATOR GUIDELINES AND INSTRUCTIONS (cont'd)**

Performed a Rapid Trauma Assessment (cont'd)

Assessed the pelvis.

- Inspected for DCAP-BTLS.
- Compressed to detect crepitus or instability.
- Determined level of pain.
- Inspected for priapism.

Assessed the extremities.

- Inspected for DCAP-BTLS (*all four extremities*).
- Assessed distal pulses, motor, and sensory function (*PMS*).

Assessed the posterior (*log-rolled casualty with spinal precautions*).

- Inspected for DCAP-BTLS.
- Inspected for rectal bleeding.

Obtained SAMPLE History/Transport/Vital Signs

Obtained a SAMPLE History (*prior to leaving the scene*).

- S: Signs and symptoms of the episode.
- A: Allergies (*medications, food or other substances*).
- M: Medications (*prescribed, OTC; dosage*).
- P: Pertinent past medical history.
- L: Last oral intake (*eat or drink*).
- E: Events leading up to injury/illness.

Obtained vital signs.

- Pulse (*rate, strength, regularity*).
- Respirations (*rate, quality*).
- Blood pressure.

Performed a Detailed Physical Examination During Transport

Assessed the ears.

- Inspected for DCAP-BTLS.
- Inspected for fluid drainage (*blood, clear fluid*).

Assessed the eyes.

- Inspected for DCAP-BTLS.
- Inspected for discoloration; blood in anterior chamber.
- Inspected for unequal pupils.
- Inspected for foreign bodies.

Assessed the nose.

- Inspected for DCAP-BTLS.
- Inspected for drainage (*blood, clear fluid*).

Assessed the mouth.

- Inspected for DCAP-BTLS.
- Inspected for loose or broken teeth.
- Inspected for foreign objects, dentures.

Assessed the neck.

- Inspected for DCAP-BTLS.
- Inspected for JVD.
- Inspected for tracheal deviation.
- Palpated for TIC.

Assessed the chest.

- Inspected for DCAP-BTLS.
- Palpated for TIC.
- Auscultated for breath sounds (*absent, present, equal*).

PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: IV

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0156, Perform a Medical Patient Assessment;
Emergency Care and Transportation of the Sick and Wounded.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a patient complaining of an illness in a simulated prehospital environment. You are not in a CBRN environment. Patient assessment is the cornerstone of good prehospital care. The best EMS providers are renowned for their thorough and systematic approach to performing patient assessments. If you can develop a consistent and methodical approach to assessment, you will be well on your way to providing the best possible medical care.

STANDARDS: Perform all measures IAW Emergency Care and Transportation of the Sick and Injured. You must score at least 70% (20 of 28 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI) .
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

As per Medical Scenario. You are responding to an emergency call for a casualty with medical (nontrauma) complaints. You must perform a thorough and systematic initial patient assessment and focused history and physical examination in order to guide your decision-making process as to how to best manage this casualty.

3. **Evaluator's Comments and After-Test Recommendations:**

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**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4. Performed a Scene Size-Up						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. * Determined if the scene is safe.	<input type="checkbox"/>					
c. * Determined the mechanism of illness.	<input type="checkbox"/>					
d. * Determined the number of casualties.	<input type="checkbox"/>					
e. * Requested additional assistance if deemed necessary. NOTE: The need for additional assistance is based on the number of patients. MOI may dictate additional personnel or equipment.	<input type="checkbox"/>					
5. Performed an Initial Assessment EVALUATOR: As the Soldier Medic performs each step in the initial assessment, provide the correct responses as per the Medical Scenario.						
a. * Formed a general impression of the casualty.	<input type="checkbox"/>					
b. * Determined responsiveness/assessed the casualty's mental status.	<input type="checkbox"/>					
6. Assessed Airway and Breathing						
a. * Assessed the airway (<i>look, listen, feel</i>).	<input type="checkbox"/>					
b. * Assessed the breathing (<i>rate, rhythm, quality</i>).	<input type="checkbox"/>					
c. Initiated appropriate oxygen therapy.	<input type="checkbox"/>					
7. Assessed Circulation						
a. * Assessed the skin (<i>color, temperature, condition</i>).	<input type="checkbox"/>					
b. * Assessed the pulse (<i>rate, rhythm, strength</i>).	<input type="checkbox"/>					
c. * Assessed for and controlled significant bleeding.	<input type="checkbox"/>					
d. Treated the casualty for shock (<i>as appropriate</i>).	<input type="checkbox"/>					
8. Identified Priority and Made a Transport Decision						
a. Selected the appropriate assessment to perform.	<input type="checkbox"/>					
b. Made a transport decision (<i>immediate transport, ALS backup</i>).	<input type="checkbox"/>					
9. Performed a Focused History and Physical Examination						
a. * Obtained a SAMPLE History (<i>prior to leaving the scene</i>).	<input type="checkbox"/>					
b. * Performed focused physical exam. EVALUATOR: The Soldier Medic performs the focused physical exam by verbalizing the assessment of affected body part.	<input type="checkbox"/>					
c. * Obtained vital signs.	<input type="checkbox"/>					

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
GRADING SHEET (cont'd)**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
9. Performed a Focused History and Physical Examination (cont'd)						
d. * Assessed airway, breathing, and circulation before any other detailed exam.	<input type="checkbox"/>					
e. Performed interventions.	<input type="checkbox"/>					
f. Determined level of pain.	<input type="checkbox"/>					
g. Transported (reevaluated the transport decision).	<input type="checkbox"/>					
10. Ongoing Assessment						
a. * Repeated the initial assessment.	<input type="checkbox"/>					
b. * Repeated the vital signs.	<input type="checkbox"/>					
c. * Repeated the focused assessment regarding casualty complaint.	<input type="checkbox"/>					
d. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
e. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
GRADING SHEET (cont'd)**

11. Demonstrated Proficiency Yes No

12. Start Time	13. Stop Time	14. Initial Evaluator
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15. Start Time	16. Stop Time	17. Retest Evaluator
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18. Start Time	19. Stop Time	20. Final Evaluator
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21. Remarks

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load, evacuation vehicle, another Soldier performing as an assistant/Combat Lifesaver.

Additional Scoring Guidelines:

Performed a Scene Size-Up

Determined if the scene was safe.

- Evaluated the scene for the safety of the casualty and emergency personnel.
- Determined the safest route to access the casualty.

Performed an Initial Assessment

Formed a general impression of the casualty.

- Immediately looked for life-threatening conditions.
- Determined if the casualty was coherent and able to answer questions.

Determined responsiveness/assessed the casualty's mental status.

- Level of consciousness (LOC).
- AVPU.
- Determined chief complaint/apparent life threats.

Assessed Airway and Breathing

Assessed the airway (*look, listen, feel*).

- Open and patent.
- Adjunct(s) indicated.

Identified Priority and Made a Transport Decision

Selected appropriate assessment.

- Focused History and Physical Assessment.
- Rapid Assessment.

**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
EVALUATOR GUIDELINES AND INSTRUCTIONS (cont'd)**

Performs a Focused History and Physical Examination

Obtained SAMPLE History prior to leaving the scene.

- o S: Signs and symptoms of the episode.

Respiratory

- Onset?
- Provokes?
- Quality?
- Radiates?
- Severity?
- Time?
- Interventions?

Cardiac

- Onset?
- Provokes?
- Quality?
- Radiates?
- Severity?
- Time?
- Interventions?

Altered Mental Status

- Description of the episode.
- Onset?
- Duration?
- Associated symptoms?
- Evidence of trauma?
- Interventions?
- Seizures?
- Fever?

Allergic Reaction

- History of allergies?
- What were you exposed to?
- How were you exposed?
- Effects?
- Progression?
- Interventions?

Poisoning/Overdose

- Substance?
- When did you ingest/
become exposed?
- How much did you ingest?
- Over what time period?
- Interventions?
- Estimated weight?
- Effects?

Environmental

- Source?
- Environment?
- Duration?
- Loss of consciousness?
- Effects: general or local?
- Interventions?

Obstetrics

- Are you pregnant?
- How far along in your
pregnancy?
- Pain or contractions?
- Bleeding or discharge?
- Do you feel the need
to push?
- Last menstrual period?
- Crowning?

Behavioral

- o How do you feel?
- o Determine suicidal
tendencies
- o Is the casualty a threat to
himself/herself or others?
- o Is there a medical problem?
- o Interventions?

- o A: Allergies (medications, food or other substances).
- o M: Medications (prescribed, OTC; dosage).
- o P: Pertinent past medical history.
- o L: Last oral intake (eat or drink).
- o E: Events leading up to injury/illness.

Obtained vital signs.

- o Pulse (rate, strength, regularity).
- o Respirations (rate, quality).
- o Blood pressure.

Ongoing Assessment (verbalized)

Repeated vital signs.

- o Pulse (rate, strength, regularity).
- o Respirations (rate, quality).
- o Blood pressure.

PERFORM BLEEDING CONTROL AND SHOCK MANAGEMENT

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: I

REFERENCES: STP 8-68W13-SM-TG, Tasks: 081-833-0047, Initiate Treatment for Hypovolemic Shock; 081-833-0161, Control Bleeding; 081-833-0210, Apply a Tourniquet to Control Bleeding; *Emergency Care and Transportation of the Sick and Wounded*.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty or casualties with profuse hemorrhaging exhibiting signs and symptoms of hypoperfusion in a field environment. You are not in a CBRN environment.
Managing a hemorrhaging casualty on the battlefield can be a challenge depending on the environment you are operating in. Controlling the bleeding and preventing hypovolemic (hemorrhagic) shock requires basic measures such as direct pressure and the use of tourniquets before any other measures, such as initiation of an intravenous infusion, should be attempted.

STANDARDS: Perform all measures IAW *Emergency Care and Transportation of the Sick and Injured*. You must score at least 70% (12 of 17 steps) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: Low. All bodily fluids should be considered potentially infectious; always observe body substance isolation (BSI).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (Evaluator to Soldier Medic ratio is 1:6).

TEST SCENARIO:

You arrive on the scene of a motor vehicle accident during your predeployment training. You notice two vehicles have been involved. One vehicle has rolled onto the passenger side. The driver has just helped his passenger out of the vehicle and you notice the passenger's right arm is bleeding. Take appropriate steps to control hemorrhage in an EMT setting. You have been provided the necessary medical equipment.

3. Evaluator's Comments and After-Test Recommendations:

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**PERFORM BLEEDING CONTROL AND SHOCK MANAGEMENT
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. Ensured the casualty had an open airway and was breathing spontaneously.	<input type="checkbox"/>					
c. Provided oxygen as necessary.	<input type="checkbox"/>					
d. Exposed the casualty as necessary to uncover the extremity wound. EVALUATOR: The Soldier Medic should not uncover the wound if the casualty's clothing is stuck to the wound or the casualty is operating in a chemical environment.	<input type="checkbox"/>					
e. * Applied manual direct pressure and elevation to the extremity.	<input type="checkbox"/>					
f. * Applied a field dressing to the wound. EVALUATOR: Inform the Soldier Medic that direct pressure and the field dressing are not effective and the bleeding is still significant.	<input type="checkbox"/>					
g. Applied an additional dressing (pressure dressing) to the wound. EVALUATOR: Inform the Soldier Medic that application of the additional pressure dressing is not effective and the bleeding is still significant.	<input type="checkbox"/>					
h. Located and applied digital pressure to the appropriate pressure point. EVALUATOR: Inform the Soldier Medic that the bleeding appears to be under control.	<input type="checkbox"/>					
i. Bandaged the wound to further secure the dressing.	<input type="checkbox"/>					
j. Did not apply a tourniquet before attempting other methods of bleeding control. EVALUATOR: Inform the Soldier Medic that the casualty is now exhibiting signs and symptoms of hypoperfusion.	<input type="checkbox"/>					
k. * Placed the casualty in the Trendelenberg position.	<input type="checkbox"/>					
l. * Applied high concentration oxygen.	<input type="checkbox"/>					
m. Initiated steps to prevent heat loss from the casualty. EVALUATOR: Inform the Soldier Medic that the bandage has soaked through, the bleeding is beginning to be significant, and the casualty is exhibiting signs and symptoms of shock.	<input type="checkbox"/>					
n. * Applied a tourniquet to the casualty's extremity.	<input type="checkbox"/>					
o. Indicated the need for rapid transport of the casualty to a medical treatment facility (MTF)	<input type="checkbox"/>					
p. Documented the procedure on the appropriate medical form.	<input type="checkbox"/>					
q. * Did not cause further injury to the casualty.	<input type="checkbox"/>					
* CRITICAL ELEMENTS						

**PERFORM BLEEDING CONTROL AND SHOCK MANAGEMENT
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading Sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag stocked with a basic load, oxygen cylinder with regulator/flowmeter and a nonrebreather mask, casualty blanket.

Additional Scoring Guidelines:

Located and applied digital pressure to the appropriate pressure point.

- o Brachial artery for the forearm
- o Popliteal artery for the lower leg

EVALUATOR: Inform the Soldier Medic that the casualty is now exhibiting signs and symptoms of hypoperfusion.

- o Change in mental status, anxiety.
- o Tachycardia.
- o Weakness, faintness or dizziness at rest.
- o Thirst.
- o Nausea and possibly vomiting.
- o Shallow, rapid breathing.
- o Dull eyes.
- o Slightly dilated pupils that are slow to respond to light.
- o Weak, rapid (*thready*) pulse.
- o Decreasing blood pressure.

Applied a tourniquet to the casualty's extremity.

- o Folded a triangular bandage into a 4 inch cravat.
- o Wrapped the bandage around the extremity twice.
- o Tied a knot in the bandage, placed a windlass on top of the knot, and tied the ends of the bandage.
- o Twisted the windlass to tighten the tourniquet.
- o Secured the windlass in place.
- o Wrote "T" on adhesive tape and fastened it to the casualty's forehead.

ADMINISTER MORPHINE

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLES: III

REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0174, Administer Morphine.

1. **Soldier** (*Last Name, First Name, MI*)

2. **Date** (YYYYMMDD)

CONDITIONS: Given a casualty with extreme pain needing morphine administered in a combat environment. You are not in a CBRN environment.
The timely and appropriate use of pain medication usually controls pain.

STANDARDS: Perform all measures IAW the standards of evaluation outlined in C168W144/1 Tactical Combat Casualty Care. You must score at least 70% (*9 of 12 steps*) and not miss any critical (*) elements on the skill sheet.

SAFETY:

- o Risk Assessment: High. All bodily fluids should be considered potentially infectious; always observe body substance isolation (*BSI*).
- o Precautions: Wear gloves and eye protection as a minimal standard of protection. Beware of sharps.
- o Environmental: None.

NOTE: Soldier Medics must be observed. (*Evaluator to Soldier Medic ratio is 1:6*).

TEST SCENARIO:

You are supporting a combat operation. Your team has sustained many casualties. You are caring for a conscious casualty who has sustained an injury and is suffering from severe pain. You have authorization to administer morphine. You must correctly prepare and administer morphine without causing further injury to the casualty.

3. Evaluator's Comments and After-Test Recommendations:

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**ADMINISTER MORPHINE
GRADING SHEET**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
4.						
a. * Took/verbalized body substance isolation (BSI) precautions.	<input type="checkbox"/>					
b. * Verified the five rights of medication administration.	<input type="checkbox"/>					
c. Loaded the prefilled cartridge into the injector device (eliminate this step if using an autoinjector).	<input type="checkbox"/>					
d. Locked the prefilled cartridge into the injector device turning the plunger rod until the plunger was securely in place (eliminate this step if using an autoinjector).	<input type="checkbox"/>					
e. Positioned the casualty correctly.	<input type="checkbox"/>					
f. Selected the site for an intramuscular injection.	<input type="checkbox"/>					
g. * Administered the injection.	<input type="checkbox"/>					
h. * Monitored for adverse reaction. EVALUATOR: Inform the Soldier Medic that the patient has signs of morphine overdose.	<input type="checkbox"/>					
i. Administered Narcan for suspected morphine overdose.	<input type="checkbox"/>					
j. Wrote the letter "M" and time of injection on the casualty's forehead.	<input type="checkbox"/>					
k. * Documented the administration of morphine on the appropriate medical form.	<input type="checkbox"/>					
l. * Did not cause further injury to the casualty.	<input type="checkbox"/>					

* CRITICAL ELEMENTS

**ADMINISTER MORPHINE
EVALUATOR GUIDELINES AND INSTRUCTIONS**

Inform the Soldier Medic of the CONDITIONS and STANDARDS as stated on this form.
Provide an optional scenario, if appropriate. This scenario should reinforce the unique or particular needs of the unit.
Allow sufficient time for the Soldier Medic to extract information from the scenario.
Provide each evaluator with the grading sheet.
Ensure the Soldier Medic has all required materials.
Explain how the exercise is graded.

Resource Requirements:

Evaluator: Grading Sheet and applicable scenario.

Soldier Medic: Applicable scenario, medical aid bag with a basic load to include a morphine autoinjector or cartridge and injector device, DD Form 1380, and a semipermanent marking device.

Additional Scoring Guidelines: None.

**TC 8-800
6 May 2009**

By Order of the Secretary of the Army:

GEORGE W. CASEY, JR.
General, United States Army
Chief of Staff

Official:



JOYCE E. MORROW
Administrative Assistant to the
Secretary of the Army
0910506

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