

INDIVIDUAL SKILLS ASSESSMENT

MODULE 8: Respiration Assessment and Management in Tactical Field Care

DATE: _____

STUDENT NAME: _____

RANK: _____

TRAINER NAME: _____

ROSTER#: _____

INSTRUCTION: This Skills Assessment Checklist should be used by a trainer to grade a student's ability to perform the individual SKILLS for the Tactical Combat Casualty Care Combat Medic/Corpsman (TCCC-CMC) Course. A trainer should use this form when performing the optional individual skills assessment associated with completing a skills station. To successfully demonstrate proficiency, the student should "PASS (P)" all the critical tasks (marked as "C") on the checklist.

This checklist may also be used as a teaching tool at the skills station if the trainer chooses to grade students only during the culminating exercise tactical trauma assessment. Grading during the culminating exercise is mandatory for successful course completion while grading individual skills during the skill stations is optional.

| PERFORMANCE STEPS | | 1 st Attempt | | 2 nd Attempt | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------|---|-------------------------|---|
| | | P | F | P | F |
| CHEST SEAL | | | | | |
| 1. Considered body substance isolation. | | | | | |
| 2. Exposed and uncovered any anterior, posterior or axillary chest wounds. | C | | | | |
| 3. Checked for signs of an open and/or sucking chest wound. | C | | | | |
| 4. Placed hand or back of the hand over open chest wound to create a temporary seal. | | | | | |
| 5. Fully opened the outer wrapper of the commercial vented chest seal or other airtight material from the casualty's JFAK. | C | | | | |
| 6. Removed and used the 4x4 gauze from the commercial vented chest seal package (or other gauze) to wipe away any dirt, blood, or other fluid. | C | | | | |
| 7. Peeled off the protective liner, exposed the adhesive portion of the vented chest seal. | C | | | | |
| 8. Placed the adhesive side directly over the open/sucking chest wound as the casualty exhales, pressed firmly to create a seal. Ensured edges of the vented chest seal extended 2 inches beyond the edges of the wound. | C | | | | |
| 9. Ensured that the adhesive surface of the vented chest seal adhered to the skin. | C | | | | |
| 10. Assessed the effectiveness of the vented chest seal when the casualty breathed. | C | | | | |
| 11. Checked/felt for additional open/sucking chest wounds (anterior, axillary, and posterior) by using a raking motion and treated them the same way with additional vented chest seals, if needed. | C | | | | |
| 12. Placed a conscious casualty in a sitting position or in a position of comfort that best allowed the casualty to breathe. | | | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|
| (OR) Placed an unconscious casualty with their injured side down in the recovery position. | | | | | |
| 13. Monitored for signs of a tension pneumothorax. | | | | | |
| 14. If signs of a tension pneumothorax developed, lifted one edge of the vented chest seal to allow for decompression (burped the seal). | C | | | | |
| 15. If signs of tension pneumothorax persisted despite burping the vented chest seal, performed a needle decompression of the chest. | C | | | | |
| 16. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty. | C | | | | |
| Demonstrated TCCC Proficiency: Yes No | | | | | |
| Notes: | | | | | |

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| PERFORMANCE STEPS | 1 st Attempt | | 2 nd Attempt | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---|-------------------------|---|
| | P | F | P | F |
| NEEDLE DECOMPRESSION OF THE CHEST (NDC) | | | | |
| 1. Considered body substance isolation. | | | | |
| 2. Assessed the casualty for signs of suspected tension pneumothorax. | | | | |
| 3. Burped or removed a previously applied vented chest seal (if improperly applied, replaced the vented chest seal) and reassessed the casualty. | C | | | |
| 4. Identified site placement for needle insertion on the side of the injury: (a) The fifth intercostal space (ICS) in the anterior axillary line. (OR) (b) The second ICS space at the midclavicular line. | C | | | |
| 5. Secured a 14-gauge or a 10-gauge, 3.25 in needle/ catheter unit. | C | | | |
| 6. If available, used an antiseptic solution or a pad to clean the site. | C | | | |
| 7. Inserted the needle/catheter just over the top of the lower rib at the insertion site, at a 90-degree angle (perpendicular) to the chest wall, advancing it to the hub. | C | | | |
| 8. Held the needle/catheter unit in place for 5–10 seconds to allow decompression to occur; then removed the needle, leaving the catheter in place. | C | | | |
| 9. Assessed for successful NDC by looking for: (a) Respiratory distress improved. (b) An obvious hissing sound heard as air escaped from the chest when NDC was performed. (c) Hemoglobin oxygen saturation increased to 90% or greater. | C | | | |
| Evaluator states "Initial NDC was successful" – proceed to step 11 (OR) Evaluator states "Initial NDC was NOT successful" – proceed to step 10 | | | | |
| 10. Performed a second NDC on the same side of the chest at whichever of the two recommended sites was not previously used, if the first NDC failed to improve the casualty's signs/symptoms. | C | | | |
| Evaluator states "Second NDC was successful" – proceed to step 11 (OR) Evaluator states "Second NDC was NOT successful" – proceed to step 14 | | | | |
| 11. Placed the casualty in a position of comfort or recovery position with the injured side down. | | | | |
| 12. Continued reassessing the casualty for reoccurrence of progressive respiratory distress. | C | | | |
| 13. If the initial NDC was successful, but symptoms recurred, then performed another NDC at the same site that was previously used with a new 14-gauge or a 10-gauge, 3.25 in needle/catheter unit. | C | | | |
| 14. If the second NDC was also not successful, continued onto the Circulation section of the Massive bleeding, Airway, Respiration, Circulation, | C | | | |



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|------------------------------------------------------------------------------------------------------------------|---|--|--|--|--|
| Hypothermia/Head injury sequence. | | | | | |
| 15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty. | C | | | | |
| Demonstrated TCCC Proficiency: Yes No | | | | | |
| Notes: | | | | | |

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