COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

SKILLS ASSESSMENT CHECKLIST

INDIVIDUAL SKILLS ASSESSMENT

MODULE 10: Shock Recognition and Management

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 TCCC 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		1st Attempt		2nd Attempt	
SALINE LOCK (FIELD-RUGGEDIZED)		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Explained the procedure to the casualty.					
4. Determined known allergies, either checked the medical tag or asked the casualty (if conscious).					
5. Applied an IV constricting band at least 2 inches above the probable venipuncture site.	**C**				
6. Selected a desirable vein for IV placement.	**C**				
7. Cleaned the site with alcohol or a povidone-iodine pad.					
8. Opened the 18-gauge or 16-gauge needle/catheter and inspected it.					
9. Held the needle/catheter at a 20- to 30-degree angle, bevel up, over the top of the chosen vein.	**C**				
10. Pierced the skin and advanced the needle/catheter until blood was visualized in the flash chamber.	**C**				
11. Decreased the angle of the needle/catheter to 10–15 degrees and advanced it 1/8 of an inch.	**C**				
12. Advanced the catheter over the needle until the hub touched the skin or until significant resistance was felt.	**C**				
13. Placed a finger (nondominant hand) over the vein at the catheter tip, occluded the vein, and prevented blood from flowing out of the catheter.					
14. Removed the needle and secured it in a sharps container.	**C**				
15. Attached the saline lock connector (with their dominant hand) to the catheter hub.	**C**				

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16. Released the tamponade from the occluded vein.	**C**				
17. Removed the IV constricting band.	**C**				
18. Cleaned the surface of the saline lock with alcohol or a povidone-iodine pad.					
19. Used a Luer lock-type saline lock, aspirated to confirm patency and flushed the catheter with 5 ml of sterile fluid. (OR) Used a standard saline lock, inserted a syringe with its attached needle, aspirated, and flushed the catheter with 5 ml of sterile IV fluid.	**C**				
20. Removed the syringe and secured it in a sharps container.					
21. Observed the site for signs of infiltration.	**C**				
22. Applied a transparent film dressing, covered the catheter and the saline lock connector.					
23. 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:					

STUDENT NAME: _____ **RANK:** _____

TRAINER NAME: _____ **ROSTER#:** _____

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STUDENT NAME: _____

PERFORMANCE STEPS		1st Attempt		2nd Attempt	
FAST1® STERNAL INTRAOSSEOUS DEVICE		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Spiked IV bag and properly prepared IV tubing.	C				
4. Located suprasternal notch landmark.	C				
5. Cleaned site with alcohol or povidone-iodine pad.					
6. Removed the top half of the target patch backing first, placed the target patch at the landmark, and removed the bottom half of the target patch backing.	C				
7. Rechecked the location of the target patch and verified the target zone was on the midline over the manubrium.	C				
8. Removed the cap from the FAST1 device and placed the bone needle cluster into the target zone of the target patch.	C				
9. Maintained the introducer perpendicular to the sternal surface.	C				
10. Applied increasing pressure along the introducer axis until a release was felt and heard.	C				
11. Removed the introducer gently and pulled it straight back.	C				
12. Pushed the needles of the introducer into the accompanying sharps foam plug, reattached the sharps protection cap and secured the needles, and disposed in a sharps container.					
13. Connected the infusion tube to the right-angle connector on the target patch.	C				
14. Connected the syringe, aspirated to confirm needle was in the marrow and flushed the infusion tube with 5 ml of sterile IV solution.	C				
15. Connected the IV infusion tubing and initiated flow of fluids.	C				
16. Attached the protective dome to the target patch and secured with tape.	C				
17. Administered IV fluids and/or medications as was needed.					
18. 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:

COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

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STUDENT NAME: _____

PERFORMANCE STEPS		1st Attempt		2nd Attempt	
EZ-IO® (HUMERUS) INTRAOSSEOUS (IO) DEVICE		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Spiked IV bag and properly prepared the IV tubing.	C				
4. Primed the IO extension tubing with saline and used aseptic technique.	C				
5. Had the casualty place their hand over their umbilicus and adducted the casualty's arm.					
6. Palpated greater tubercle of the proximal humerus and then the surgical neck below that landmark, identified the insertion site 1 cm above the surgical neck.	C				
7. Cleaned site with alcohol or povidone-iodine pad.					
8. Located the proper EZ-IO cartridge. ***NOTE:*** If using a mechanical driver, opened the EZ-IO cartridge and attached the needle set to the driver; felt a "snap" as the small magnet connected.					
9. Prepared the manual EZ-IO needle by removing the needle safety cap. ***NOTE:*** If using the mechanical driver, removed the cap by momentarily powering the driver while holding the cap.	C				
10. Held either the driver or the needle set in their dominant hand and stabilized the casualty's arm near the insertion site with their nondominant hand.	C				
11. Placed the IO driver of the needle set at a 45-degree angle to the plane of the arm.	C				
12. Pierced the skin gently and powered or manually advanced the needle set until the needle tip touched the bone.	C				
13. Applied consistent steady downward pressure and twisted the needle set back and forth (or squeezed the driver's trigger) until the bone cortex was penetrated.	C				
14. Unscrewed the stylet counterclockwise and removed the stylet from catheter. ***NOTE:*** If a mechanical driver was used, gently removed the drill from the needle.	C				
15. Placed the stylet in a sharps container.					
16. Secured the site with EZ-IO stabilizer, if it was available. ***NOTE:*** If stabilizer was unavailable, secured the site with a bulky dressing and tape.	C				
17. Connected the primed extension set through the 90-degree IO tubing to the Luer lock EZ-IO hub.	C				
18. Aspirated to confirm needle was in the marrow and flushed the catheter with 10 ml flush using a rapid infusion.	C				
19. Assessed for signs of infiltration or complications.	C				
20. Prepared for fluid or medication administration.					
21. 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					

COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

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DEFENSE HEALTH AGENCY

Notes:

STUDENT NAME: _____ **RANK:** _____

TRAINER NAME: _____ **ROSTER#:** _____

COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE

SKILLS ASSESSMENT CHECKLIST

STUDENT NAME: _____

PERFORMANCE STEPS		1st Attempt		2nd Attempt	
EZ-IO® (PROXIMAL/ANTERIOR TIBIA) INTRAOSSEOUS (IO) DEVICE		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Spiked IV bag and properly prepared IV tubing.	C				
4. Primed the IO extension tubing with saline using aseptic technique.	C				
5. Located the proper site for EZ-IO insertion one finger width medial to the proximal tibial tuberosity (usually found 3 cm below the patella).	C				
6. Cleaned site with alcohol or povidone-iodine pad.					
7. Located the proper EZ-IO cartridge. ***NOTE:*** If using a mechanical driver opened the EZ-IO cartridge and attached the needle set to the driver; felt a "snap" as the small magnet connected.					
8. Prepared the manual EZ-IO needle by removing the needle safety cap. ***NOTE:*** If using the mechanical driver, removed the cap by momentarily powering the driver while holding the cap.	C				
9. Held either the driver or the needle set in their dominant hand and stabilized the casualty's leg near the insertion site with their nondominant hand.	C				
10. Positioned the driver or the needle set at the insertion site with the needle at a 90-degree angle to the surface of the bone.	C				
11. Pierced the skin gently and powered or manually advanced the needle set until the needle tip touched the bone.	C				
12. Applied consistent steady downward pressure and twisted the needle set back and forth (or squeezed the driver's trigger) until the bone cortex was penetrated.	C				
13. Unscrewed the stylet counterclockwise and removed it from the catheter. ***NOTE:*** If a mechanical driver was used, gently removed the drill from the needle.	C				
14. Placed the stylet in a sharps container, if it was available.					
15. Secured site with EZ-IO stabilizer, if it was available. ***NOTE:*** If stabilizer was unavailable, secured the site with a bulky dressing and tape.	C				
16. Connected the primed extension set via the 90-degree IO tubing to the Luer lock EZ-IO hub.	C				
17. Aspirated to confirm needle was in the marrow and flushed catheter with 10 ml flush using a rapid infusion.	C				
18. Assessed for signs of infiltration or complications.	C				
19. Prepared for fluid or medication administration.					
20. 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					

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Notes:

STUDENT NAME: _____ **RANK:** _____

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SKILLS ASSESSMENT CHECKLIST

STUDENT NAME: _____

PERFORMANCE STEPS		1st Attempt		2nd Attempt	
EZ-IO® (DISTAL TIBIA) INTRAOSSEOUS (IO) DEVICE		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Spiked IV bag and properly prepared IV tubing.	C				
4. Primed the IO extension tubing with saline using aseptic technique.	C				
5. Located the proper site for EZ-IO insertion two finger widths proximal to the medial malleolus on the distal tibia.	C				
6. Cleaned the site with alcohol or povidone-iodine pad.					
7. Located the proper EZ-IO cartridge. ***NOTE:*** If using a mechanical driver opened the EZ-IO cartridge and attached the needle set to the driver; felt a "snap" as the small magnet connected.					
8. Prepared the manual EZ-IO needle by removing the needle safety cap. ***NOTE:*** If using the mechanical driver, removed the cap by momentarily powering the driver while holding the cap.	C				
9. Held the driver or the needle set in their dominant hand and stabilized the casualty's leg near the insertion site with their nondominant hand.	C				
10. Positioned the driver or the needle set at the insertion site with the needle at a 90-degree angle to the surface of the bone.	C				
11. Pierced the skin gently and powered or manually advanced the needle set until the needle tip touched the bone.	C				
12. Applied consistent steady downward pressure and twisted the needle set back and forth (or squeezed the driver's trigger) until the bone cortex was penetrated.	C				
13. Unscrewed the stylet counterclockwise and removed it from the catheter. ***NOTE:*** If a mechanical driver was used, gently removed the drill from the needle.	C				
14. Placed the stylet in a sharps container, if it was available.					
15. Secured site with EZ-IO stabilizer, if it was available. ***NOTE:*** If stabilizer was unavailable, secured the site with a bulky dressing and tape.	C				
16. Connected the primed extension set via the 90-degree IO tubing to the Luer lock EZ-IO hub.	C				
17. Aspirated to confirm needle was in the marrow and flushed catheter with 10 ml flush using a rapid infusion.	C				
18. Assessed for signs of infiltration or complications.	C				
19. Prepared for fluid or medication administration.					
20. 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**					

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STUDENT NAME: _____ **RANK:** _____

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PERFORMANCE STEPS		1st Attempt		2nd Attempt	
TRANEXAMIC ACID (TXA) - ADMINISTRATION		P	F	P	F
1. Considered body substance isolation.					
2. Gathered, prepared, and inspected equipment.					
3. Explained the procedure to the casualty.					
4. Determined known allergies, either checked the medical tag or asked the casualty (if conscious).	C				
5. Verified the **five** rights of medication administration: 1. Right patient 2. Right medication 3. Right dose and concentration 4. Right time 5. Right route	C				
6. Checked the IV line for patency.	C				
7. Assessed the IV/ IO insertion site for redness, swelling, increased or decreased temperature, or bleeding. ***NOTE:*** If any of these conditions were present, did not use this IV/IO site and established a new IV/IO access point.	C				
Evaluator states, "IV/IO is patent" OR "IV/IO is not working" as the IV/IO site is assessed.					
8. Selected a needle measuring at least 1 inch.					
9. Selected an appropriately sized syringe for 2 gm of TXA.					
10. Connected the needle to the syringe.	C				
11. Inspected the needle and syringe for any defects.					
12. Drew up an equivalent amount of air for the size of the TXA vial into the syringe.	C				
13. Confirmed the correct dose of TXA (2 gm).	C				
14. Popped off the plastic cap on the top of the TXA vial.	C				
15. Cleaned the top of the TXA vial with alcohol or povidone-iodine pad.					
16. Held the TXA vial with their nondominant hand and inserted the needle into the soft rubber portion of the vial with their other hand using the following technique: (a) Started at a 45-degree angle with the needle bevel up. (b) Changed the angle to a 90-degree angle as the needle pushed through the rubber.	C				
17. Held the vial and syringe together, inverted them, and brought them to eye level.					
18. Injected the appropriate amount of air into the TXA vial.	C				
19. Withdrew the appropriate amount of TXA from the vial (drew back slowly on	C				

the syringe plunger until the right medication volume was obtained and made sure that the needle tip was always below the solution level).					
20. Assessed the syringe for air bubbles and the appropriate volume without withdrawing the needle from the vial: (a) If air bubbles were present, inverted the syringe and needle and tapped/flicked the syringe with the finger to release the air bubbles. Allowed bubbles to rise to the hub of the needle or tip of the syringe, and then ejected the air. (b) Adjusted the needle tip to below the level of the fluid and withdrew more TXA until the correct dose was reached.	**C**				
21. Confirmed that 2 gm of TXA was now in the syringe.	**C**				
22. Withdrew the needle from the TXA vial.	**C**				
23. Cleaned the IV/IO injection port with alcohol or povidone-iodine pad.	**C**				
24. Pinched the IV/IO line to stop the flow of fluid if fluids were infused.					
25. Inserted the needle into the IV/IO injection port.					
26. Administered 2 gm of TXA through slow IV/IO push over approximately 1 minute.					
27. Withdrew the needle.	**C**				
28. Detached the needle from the syringe and discarded it into a sharps container.					
29. Opened the IV/IO line to flush the line or flushed with 10 ml of an appropriate fluid if infused through an IV/IO saline lock.					
30. Monitored the casualty for signs and/or symptoms of allergic reactions or other unusual reactions.	**C**				
31. 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:					

STUDENT NAME: _____ **RANK:** _____

TRAINER NAME: _____ **ROSTER#:** _____

SKILLS ASSESSMENT CHECKLIST

STUDENT NAME: _____

PERFORMANCE STEPS		1st Attempt		2nd Attempt	
ADMINISTRATION OF INTRAVENOUS (IV) AND INTRAOSSEOUS (IO) FLUIDS		P	F	P	F
1. Considered body substance isolation.					
2. Gathered all needed supplies.					
3. Opened the infusion set tubing and prepared the fluids to be infused.					
4. Closed the clamp on the tubing.	C				
5. Removed the cover from the spiked of the tubing and the cover from the spike port of the fluid bag.	C				
6. Spiked the fluid bag with the tubing spike.	C				
7. Hung the fluid bag or placed it in a pressure bag.					
8. Squeezed the drip chamber until it was about ½ full.					
9. Opened the tubing clamp and primed the tubing. When the entire tube was full, closed the clamp.	C				
10. Cleaned the IV saline lock or IO tubing extension with alcohol or povidone-iodine pad.					
11. Attached an 18-gauge or 16-gauge needle/catheter to the end of the IV tubing set.	C				
12. Inserted the needle into the IV saline lock or IO extension set and secured it in place.	C				
13. Initiated the flow of fluid.					
14. Checked for signs and/or symptoms of infiltration at the infusion site.	C				
15. Monitored the casualty for signs and/or symptoms of allergic reactions or other unusual reactions.	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: