SKILLS ASSESSMENT CHECKLIST

INDIVIDUAL SKILLS ASSESSMENT
MODULE 11: Hemorrhagic Shock Fluid Resuscitation (TFC)

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	
TACTICAL FIELD CARE BLOOD TYPING		P	F	P	F
1. Considered body substance isolation.					
2. Gathered equipment, including an available water source, Eldon Blood Typing Kit, and appropriate personal protective equipment.					
3. Inspected Eldon Blood Typing Kit for physical appearance, expiration dates, and contents.					
4. Documented donor and/or recipient information on EldonCard®: name, address, birthdate, date, and donor's/recipient's signature.	**C**				
5. Located, secured, and filled the water dropper.					
6. Placed one drop of water in each circle of the EldonCard.	**C**				
7. Used alcohol pad to disinfect donor's finger.					
8. Located and uncapped lancet by twisting off the protective cap.					
9. Firmly pressed the lancet into the fleshy portion of the donor's/recipient's fingertip to draw blood.	**C**				
10. Disposed lancet into sharps container.					
11. Squeezed fingertip at puncture site and used one of the EldonSticks to scoop up a small amount of donor's blood.	**C**				
12. Placed the blood from the EldonStick within the first circle on the EldonCard and mixed with a drop of water while spreading it out all the way to the edge of the circle.	**C**				
13. Mixed for approximately 10 seconds and repeated step 11 using a new EldonStick for the remaining circles.	**C**				

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14. Tilted the card gently at each plane for 10 seconds to encourage mixing/agglutination. (All four planes tilted for a total of 40 seconds to encourage mixing/agglutination.)					
15. Located the blood matching chart after all four EldonSticks were used and blood was mixed with agents impregnated on the EldonCard.					
16. Compared the four circles (anti-A, anti-B, anti-D, and control) on the EldonCard with the chart provided in the Eldon Blood Typing Kit.					
17. Observed for either the absence or presence of agglutination.					
18. Discarded the test as invalid if the control circle showed signs of agglutination and repeated the test using a different Eldon Blood Typing Kit.					
19. Annotated A-B-O and Rh blood type on the EldonCard.	**C**				
20. Placed the plastic cover over the used EldonCard and ensured it accompanied the DD 1380.					
21. Documented all findings on a DD Form 1380 TCCC Casualty Card for the recipient (if applicable).	**C**				
Demonstrated TCCC Proficiency: **Yes** **No**					
Notes:					

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PERFORMANCE STEPS		1st Attempt		2nd Attempt	
DONOR BLOOD COLLECTION		P	F	P	F
1. Considered body substance isolation.					
2. Gathered equipment including a constricting band, antiseptic swab/wipe, 450-500 ml blood donation bag, permanent marker, blood bag label, 4x4 gauze dressing, 3-inch tape, a donor bag measuring device and a sharps container.					
3. Confirmed the donor's blood type.	C				
4. Had the donor sit or recline, inspected veins to choose the arm before application of the band (if possible).					
5. Applied a constricting band at least 2 inches above the intended venipuncture site.	C				
6. Identified the vein to be used. ***NOTE:*** Selected vein large enough to sustain a 16-gauge needle.					
7. Disinfected the intended venipuncture site with antiseptic swabs/wipes (iodine or chlorhexidine).					
8. Removed the blood bag with attached tubing and needle from the package and placed them next to the casualty.					
9. Kept the collection bag clean and insulated from the ground, below the level of the donor's heart.					
10. Clamped the tubing 12-18 inches from the needle.	C				
11. Applied one of the following field expedient donor bag volume measure tools: (a) Beaded cable tie marked at 6.5 inches around center of the bag (b) Zip tie marked at 6.5 inches around the center of the bag (c) Clamped bottom of the bag with folded overlap of 1-1.5 inches (d) Parachute 550 cord cut at 10 inches wrapped around center of bag so ends slightly overlap	C				
12. Twisted off the cap of the 16-gauge needle.					
13. Inserted the needle bevel up, at a 15 to 30-degree angle through the skin.	C				
14. Visualized blood in the collection line and unclamped the tubing.					
15. Visualized blood flowed into the blood collection bag. Removed the constricting band from the donor's arm and asked them to open and close fist every 10-15 seconds to keep blood flowing.					
16. Secured needle and tubing in place with tape.					
17. Rocked the collection bag back and forth (every 60-90 seconds) to mix the blood with the anticoagulants (once the blood flowed into the collection bag).	C				
18. Continually monitored the donor and the donated blood throughout the donation process. (a) Assessed donor for signs/symptoms of blood loss (sweating, pallor, complaints of feeling lightheaded, nausea, etc.) (b) Assessed the venipuncture site for signs of hematoma.					

(c) Assessed blood flow into bag. If it stopped, the needle was repositioned to resume blood flow.					
19. Watched the bag to ensure it did not overfill.					
20. Determined that the bag of blood was full by using a field expedient method: (a) If a 6.5-inch beaded cable tie or zip tie was used, or the bottom of the bag was clamped with an overlap of 1-1.5 inches, the bag was restricted from filling beyond recommended capacity. (b) If parachute cord was cut at 10 inches and wrapped around center of bag, the ends met when the bag reached its recommended capacity.	C				
21. Clamped off the line once the bag was full.	C				
22. Removed tape holding tubing and needle in place.					
23. Placed a 4x4 gauze dressing over the venipuncture site and removed the needle.					
24. Had the donor hold pressure over the site.					
25. Released the clamp to allow the remaining blood in tubing to flow into the collection bag.					
26. Adjusted the clamp to the end of the tubing to allow enough tubing to tie overhand knots.					
27. Tied one overhand knot as close to the blood bag as possible while maintaining proper control of the needle.	C				
28. Tied a second overhand knot closer to the needle so when the needle is cut off it will have minimal tubing attached (while maintaining proper control of the needle).					
29. Cut below the knot closer to the needle.	C				
30. Disposed of needle and tubing in a sharps container as appropriate.					
31. Ensured the blood bag label was filled out with the correct donor information and placed on the collection bag: (a) Donor's information. (b) Correct A-B-O blood type. (c) Collection date and time and name of the medic collecting the blood.	C				
32. Verbalized that fresh blood should be transfused within 6-8 hours of collection.					
33. Monitored donor after blood donation was completed: (a) Asked the donor to remain laying down or sitting for a few minutes. (b) Inspected the venipuncture site. If no bleeding, applied a bandage to the site. If bleeding, applied a pressure bandage. (c) Ensured the donor could stand up without dizziness or lightheadedness.					
34. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the blood recipient.	C				
Demonstrated TCCC Proficiency: **Yes** **No**					

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PERFORMANCE STEPS		1st Attempt		2nd Attempt	
ADMINISTRATION OF BLOOD PRODUCTS		P	F	P	F
1. Considered body substance isolation.					
2. Ensured the following were previously completed before blood products were administered: (a) External hemorrhage was controlled. (b) Intravenous (IV) or intraosseous (IO) line was in place and functioned properly. (c) Tranexamic acid had been administered.	**C**				
3. Began hypothermia prevention and treatment measures if not already initiated.					
4. Selected blood products to be administered in the preferred order of precedence based on availability: (a) Cold-stored low-titer type O whole blood (b) Prescreened low-titer type O fresh whole blood (c) Plasma, red blood cells (RBCs), and platelets in a 1:1:1 ratio (d) Plasma and RBCs in a 1:1 ratio (e) Reconstituted dried plasma, liquid plasma, or thawed plasma and/or RBCs alone	**C**				
5. Secured blood products and blood administration set (ensured the blood tubing had a filter). ***NOTE:*** If cold-stored whole blood was used, an IV fluid warmer was secured and used at 38 degrees Celsius (100.4 degrees Fahrenheit).					
6. Closed off tubing with all clamps.					
7. Peeled back port opening on the blood product bag and exposed the port.					
8. Removed the cap from the spike of IV tubing and inserted it into the blood product bag; pushed the spike into the hub.	**C**				
9. Turned the blood product bag right side up, released clamp(s), and observed blood flow through the line.					
10. Squeezed drip chamber/filter and ensured it was filled halfway.					
11. Hung blood bag above the casualty. ***NOTE:*** If Y tubing was used, ensured the line that was not attached to the blood remained clamped off.					
12. Released the distal clamp, allowed blood flow to the end of the IV line, and clamped the line shut.					
13. If a blood product warmer was used, connected the IV tubing in accordance with manufacturer's guidelines.	**C**				
14. Cleaned the IV or IO port with alcohol or povidone-iodine pad.					
15. Secured the Luer adapter of the IV blood line into the IV or IO port if a Luer lock set was used, or placed a 16-gauge needle on the end of the IV tubing and inserted into the saline lock if a standard saline lock set was used.	**C**				
16. Released all clamps on the blood products line and began transfusion.	**C**				

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17. Secured IV tubing to the casualty.					
18. Assessed for and treated blood transfusion reactions (anaphylactic or acute hemolytic reaction).	**C**				
Evaluator states: "There are no signs of a transfusion reaction." **(OR)** "The casualty is experiencing an anaphylactic reaction; how would you treat?" **(OR)** "The casualty is experiencing an acute hemolytic reaction; how would you treat?" ***NOTE:*** Refer to skill instruction for appropriate management of blood transfusion reactions.					
19. Stopped the blood infusion and treated according to the symptoms and suspected type of reaction if the casualty appeared to be having a blood transfusion associated reaction.	**C**				
20. Administered 30 ml of 10% calcium gluconate or 10 ml of 10% calcium chloride IV/IO after the first unit of blood product.	**C**				
21. Continuously monitored patient throughout administration of blood products.					
Evaluator states, "Blood pressure is X and heart rate is X." Evaluator to provide casualty's blood pressure and heart rate unless using a simulator with vital sign monitoring capabilities.					
22. Administered another unit of blood product if the post-transfusion systolic blood pressure was less than 100 mmHg and heart rate was greater than 100 bpm.	**C**				
23. Continued to monitor the casualty for blood transfusion reactions if another unit of blood product was given.					
24. If infusing through a saline lock, flush with 10 ml of an appropriate fluid.					
25. Discontinued blood product(s) and used equipment was properly disposed.					
26. 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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