

INDIVIDUAL SKILLS ASSESSMENT MODULE 17: Wound 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		1 st Attempt		2 nd Attempt	
OPEN ABDOMINAL WOUND MANAGEMENT		P	F	P	F
1. Considered body substance isolation.					
2. Placed the casualty in the supine position, with knees flexed.					
3. Exposed the wound, inspected for deformities, contusions, abrasions, penetrations, burns, lacerations and swelling, and most importantly, tenderness, rigidity, distention, or pulsating masses.	C				
4. Rinsed the wound with clean (if possible warm) fluid to reduce gross contamination.	C				
5. Applied combat gauze or CoTCCC-recommended hemostatic dressing or hemostatic agent to any uncontrolled bleeding.					
6. Considered a single, brief attempt (<60 seconds) to reduce/replace eviscerated abdominal contents if there was no evidence of bowel leakage and the hemorrhage was visibly controlled. CAUTION: Did not attempt if there was evidence of ruptured bowel (gastric/intestinal fluid or stool leakage) or active bleeding. CAUTION: Did not force contents back into abdomen or actively bleeding viscera or remove foreign objects.					
7. Re-approximated the skin using available material, preferably an adhesive dressing (i.e., chest seal) or with staples, sutures, or a wound closure device (if reduction attempt was successful).					
8. Stabilized any protruding objects.					
9. Covered exposed bowel with moist, sterile abdominal dressings, if available.					
10. Kept protruding abdominal organs moist and prevented the tissue from drying.					
11. Ensured that the dressing was large enough to cover the entire mass of protruding organs or area of the wound.					

12. Used the sterile side of the dressing, or other clean, damp material to gather or keep any protruding organs near the wound and covered the wound.					
13. Did not touch exposed organs with bare hands.					
14. Tied dressing tails loosely and not directly over the wound (if a dressing with tails was used).					
15. Covered the dressed, eviscerated organs with water impermeable non-adhesive material (preferably transparent to allow re-assessment for ongoing bleeding).	C				
16. Did not apply pressure on the wound or further expose internal organs.					
17. Secured the impermeable dressing to the patient using adhesive bandage.					
18. Loosely covered the dressing with cravats (if an adhesive bandage was not available) and tied them on the side of the casualty opposite that of the dressing ties (if present).					
19. Used multiple dressings and cravats, if needed, to cover a large wound, ensuring tails of the additional dressings were not tied over each other.					
20. Assessed and treated the casualty for shock and continued to reassess periodically.	C				
21. Prevented hypothermia as exposed abdominal contents result in more rapid heat loss.	C				
22. 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
IMPALED OBJECT MANAGEMENT					
1. Considered body substance isolation.					
2. Did not remove, manipulate, or exert force on the impaled object or on the tissue directly adjacent to the impaled object.					
3. Exposed the impaled object gently by cutting or removing clothing and exposed the wound site.	C				
4. Checked the pulse distal to the wound if the impaled object was protruding from an extremity to determine if circulation was impaired. NOTE: If circulation was impaired, prioritized the casualty for evacuation.	C				
5. Assessed the wound, and if serious bleeding was present, applied direct pressure to control bleeding while ensuring that direct pressure was not applied to the impaled object.	C				
6. Reassessed tourniquet, if applicable.	C				
7. Directed the Combat Lifesaver or other first responder to manually stabilize the impaled object while the wound was dressed.					
8. Applied a dressing to the wound and stabilized the impaled object using sterile pads, kerlix roll, or field dressing to prevent motion. NOTE: As an alternate method of stabilization may secure using a chest seal.	C				
9. Applied additional dressings as needed and built up the area around the impaled object to further protect and stabilize the impaled object.					
10. Secured all dressings using tape, bandages, and/or cravats and held bulky dressings in place.	C				
11. Immobilized the extremity with a splint if the wound was on an extremity.					
12. Reassessed pulse, motor, sensory after it was splinted.					
13. Reassessed dressing for hemorrhage control.	C				
14. Reassessed casualty for shock.	C				
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:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
AMPUTATION BANDAGING					
1. Considered body substance isolation.					
2. Exposed the injury and assessed the bleeding source.	C				
3. Applied gauze or other dressing materials and wrapped the casualty's stump; ensured all areas were covered.	C				
4. Applied elastic wrap or cravats over the gauze, extending 4 inches above the wound. NOTE: More than one package of gauze and elastic wraps may be needed.	C				
5. Placed and wrapped the amputated body part loosely in saline-moistened sterile gauze, if it was found.	C				
6. Sealed the amputated body part inside a plastic bag or wrapped it in a cravat.					
7. Placed the amputated body part in a container with ice, if it was available.					
8. Avoided further injury to the amputated body part by: (a) Never warming an amputated body part. (b) Never placing an amputated body part directly in water. (c) Never placing an amputated body part directly on ice. (d) Never using dry ice to cool an amputated body part.					
9. Transported the body part with the casualty to the hospital for possible reimplantation or skin graft.	C				
10. 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:					