

**INDIVIDUAL SKILLS ASSESSMENT**  
**MODULE 18: Burns**

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 <sup>st</sup> Attempt		2 <sup>nd</sup> Attempt	
BURN TREATMENT		P	F	P	F
1. Considered body substance isolation.					
2. Eliminated the source of the burn.	C				
3. Monitored airway status aggressively (for facial burns, especially those that occurred in closed spaces) and considered early surgical airway for respiratory distress, associated with inhalation injury.					
4. Cut clothing around the burned area.					
5. Lifted clothing gently away from the burned area.					
6. Estimated total body surface area (TBSA) burned to the nearest 10%.					
Evaluator to provide TBSA and casualty's weight if not included as part of a scenario.					
7. Removed jewelry (rings, watch) and placed them in the casualty's pockets, if the casualty's hand(s) or wrist(s) had been burned.					
8. Applied sterile, dry dressings to burned skin areas.	C				
9. Kept the casualty warm and prevented hypothermia. <b>NOTE:</b> Placed the casualty in the insulated hypothermia enclosure system if burns were extensive (>20%).	C				
10. Fluid resuscitation was initiated as soon as intravenous/intraosseous access was established (if burns were greater than 20% TBSA).					
11. Administered analgesia to treat burn pain.					
12. Administered antibiotics if penetrating wounds were found.					
13. Placed extra emphasis on barrier heat loss prevention methods due to burn patients' susceptibility to hypothermia.					
14. Monitored the casualty closely for life-threatening conditions, checked for other					



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE  
**SKILLS ASSESSMENT CHECKLIST**



injuries, and treated for shock (if applicable).					
15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.					
Demonstrated TCCC Proficiency:      Yes      No					
Notes:					

STUDENT NAME: \_\_\_\_\_ RANK: \_\_\_\_\_

TRAINER NAME: \_\_\_\_\_ ROSTER#: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

PERFORMANCE STEPS	1 <sup>st</sup> Attempt		2 <sup>nd</sup> Attempt	
	P	F	P	F
<b>FLUID RESUSCITATION FOR BURNS</b>				
1. Considered body substance isolation.				
2. Estimated total body surface area (TBSA) burned to the nearest 10%.	<b>C</b>			
Evaluator to provide TBSA and casualty's weight if not included as part of a scenario.				
3. Verbalized that fluid resuscitation was initiated as soon as intravenous/intraosseous infusion access was established (if burns were greater than 20% (TBSA)).				
4. Verbalized selection of appropriate burn resuscitation fluid. <b>NOTE:</b> Burn resuscitation was verbalized in accordance with CoTCCC Guidelines with lactated Ringers, normal saline, or Hextend®. If Hextend was used, verbalized that no more than 1000 mls were given, followed by lactated Ringers or normal saline as needed.				
5. Calculated fluid administration rate (in accordance with USAISR Rule of Ten): (a) Percent TBSA x 10 ml/hr for adults weighing 40–80 kg (88–176 lbs). (b) For every 10 kg (22 lbs) <b>above</b> 80 kg (176 lbs), increased initial rate by 100 ml/hr.				
6. Verbalized using oral fluids for burns up to 30% TBSA if casualty is conscious and able to swallow.				
7. Recorded the time and volume of fluid that was administered during the simulated first 24 hours of resuscitation.				
8. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.				
<b>Demonstrated TCCC Proficiency:</b> <b>Yes</b> <b>No</b>				
<b>Notes:</b>				