

TC 8-800

**SEMI-ANNUAL
COMBAT MEDIC SKILLS
VALIDATION TEST
(SACMS-VT)**

JUNE 2002

HEADQUARTERS DEPARTMENT OF THE ARMY

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SEMI-ANNUAL COMBAT MEDIC SKILLS VALIDATION TEST (SACMS-VT)

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PREFACE

This training circular (TC) is designed primarily for the combat medic 91W, Health Care Specialist, and commanders. It provides directions for implementing the Semi-Annual Combat Medic Skills Validation Test (SACMS-VT). Guidelines specify how to train (Tables I-VII) and how to test (Table VIII) the 91W's medical skills. Each training table contains multiple skills requiring demonstration of proficiency.

The Army Surgeon General has directed that all 91Ws, Health Care Specialists, must validate skills proficiency semi-annually. Therefore, the SACMS-VT will be administered at least twice a year, with a minimum of 4 months separating record events. Commanders may also administer the SACMS-VT more than twice a year, but they must indicate beforehand when results are intended for record purposes.

Depending on availability and applicability, commanders will use the Combined Arms Training Strategy (CATS) to determine required training events outlined in AR 220-1. As indicated in AR 350-41, CATS current strategies describe training events, frequency of events, and the resources required to train to standard. All CATS that contain 91Ws prescribe that the SACMS-VT will be administered twice a year.

The SACMS-VT documents the 91W's level of proficiency in critical medical skills and provides the impetus for sustainment training to maintain readiness. Commanders will find that this test facilitates the Emergency Medical Technician-Basic (EMT-B) civilian biennial recertification process and also ties in additional critical battlefield treatment modalities. The bibliography lists references supporting the various facets of the SACMS-VT content and/or process.

Table VIII is the cumulative event that tests Tables I-VII via dynamic, challenging scenarios. The 91W SACMS-VT must be completed in one session. Thus, systematic grouping (Figure 2-1) of these skills reduces logistical, personnel, and time requirements. Sample scenarios, equipment lists, and corresponding skill sheets are provided for each grouping.

Trainers using this TC should develop scenarios that reflect the unit's mission. Appendix A contains multiple sample scenarios for this purpose and DA Form 7440-R provides structures for developing additional scenarios. All scenarios must be dynamic, and the use of Simulated Trauma Casualties (STC) or mannequins is prerequisite. Summarily, the actions of the 91Ws on the battlefield determine whether our casualties survive or not. The SACMS-VT results should reflect the utmost in preparedness and the highest quality of training at our disposal.

SKILL SHEETS FOR REPRODUCTION (DA FORMS 7443-R THROUGH 7443-18-R)

Skill sheets are based on the National Registry model with modifications for the 91W skills. Reproduction is only allowed for educational purposes with no monetary gain. Grateful acknowledgement is expressed to the National Registry of Emergency Medical Technicians (NREMT) for allowing the generous use of their material. Forms

are available via the Army Electronic Library (AEL) (CD-ROM (EM 0001)) and the USAPA Web site at www.usapa.army.mil or they can be reproduced locally. Please note that skill sheets are for nonprofit educational use only in conjunction with this training circular. Any other use may constitute a copyright infringement.

The skill sheets contained in this circular were prepared by U.S. Government employees. Although some of them are based, in part, on NREMT skill sheets, they represent the work product of U.S. Government employees and have not been produced or approved by the NREMT.

The proponent of this publication is the U.S. Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 directly to the Commander, AMEDDC&S, ATTN: MCCS-HT, 1750 Greeley Road STE 135, Fort Sam Houston, Texas 78234-5078. Electronic submission of DA Form 2028 is authorized.

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

Use of trade names in this manual is for clarity only and does not constitute endorsement by the Department of Defense (DOD).

Disposition of Forms: Disposition of forms required to train and test 91W required skills is in accordance with AR 25-400-2, The Modern Army Record Keeping System (MARKS). Please refer to the specific File Number (FN) as follows:

DA Form 7440-R, Blank Scenarios and Nuclear, Biological, and Chemical (NBC) Development Tool (**FN 350**); DA Form 7441-R, Coordinators Checklist - (Table VIII) (**FN 350-41b**); DA Form 7442-R, Tracking Sheet - (Table VIII) (**FN 350**); Skill Sheets: DA Form 7443-R through DA Form 7443-18-R (**FN 350-41b**).

Each file number indicates when the document is to be destroyed.

Chapter 1

INTRODUCTION

1-1. General

- a. The U.S. Army has entered the new millennium with a greatly enhanced and redefined combat medic: the 91W, Health Care Specialist. This new medic embodies the spirit and tradition of the combat medic combined with a mandate for enhanced technical and medical competency. The 91W will serve with our Army's combat soldiers, as well as in our Medical Treatment Facilities (MTFs) around the world.
- b. The 91W is a combat medic that must be ready to save lives on the battlefield and is, therefore, required to validate key medical skills every 6 months. The Semi-Annual Combat Medic Skills Validation Test (Figure 1-1) includes seven combat medical skills training tables and Table VIII which supports this requirement and is the hands-on test of these critical skills. These skills must be sustained because they are perishable. Many 91W duty positions do not allow opportunities for soldiers to exercise these skills on a routine basis.

TRAINING TABLES	Table I	Trauma Assessment and Management
	Table II	Immobilization of Bone and Joint Injuries/ Extraction (Individual and Team)
	Table III	Medical Assessment and Management
	Table IV	Basic and Advanced Airway Skills
	Table V	CPR Management
	Table VI	NBC Medical Skills
	Table VII	Evacuation
TESTING	Table VIII	Hands-on Skills Testing of Tables I-VII

Figure 1-1. The Semi-Annual Combat Medic Skills Validation Test

1-2. Key Skills

- a. Combat casualty care is the mission of the 91W. This mission is so fundamental that all 91Ws, regardless of rank, additional skill identifier, or duty assignment, must always be capable of performing emergency and combat casualty care. These care skill sets include basic life support, patient assessment, bleeding control, fracture management, and the treatment of shock.
- b. The core skills of the 91W largely overlap the competencies of the emergency medical technician (EMT). However, the 91W is more skilled than an EMT-Basic. These advanced core skills are related to advanced

airway management, trauma management, morphine administration, and nuclear, biological, and chemical (NBC) medical skills.

- c. These advanced skills are comparable to those of a National Registry of Emergency Medical Technicians-Intermediate (NREMT-I) (or paramedic) and must be sustained. A soldier that maintains NREMT-I or NREMT-Paramedic certification also satisfies MOS requirements.
- d. These EMT skills are drawn from U.S. Department of Transportation (DOT) standards and are used by civilian State and Federal Government agencies and our sister military services.

1-3. Sustainment Training

- a. Maintaining emergency and combat casualty care skills is an integral part of a 91W's career progression, regardless of job or assignment. In an era of high operational tempo, reduced manpower, and tight budgets, sustainment can be a significant challenge. Based on FM 25-100, Training the Force, one should train for the "band of excellence." This concept is predicated on the scheduling of training events with sufficient frequency to promote sustainment.
- b. All 91Ws are expected to attain and keep National Registry of Emergency Medical Technician-Basic (NREMT-B) certification as a requirement for the military occupational specialty (MOS). Failure to maintain this certification will result in reclassification. National Registry requirements include biennial (every 2 years) completion of 48 hours of continuing education (sustainment training); 24 hours of EMT refresher; American Heart Association (AHA) Health Care Provider level CPR certification; and verification of skill maintenance. Validation of skills proficiency using the SACMS-VT will satisfy the direct observation of skills requirement and achieve the "band of excellence."
- c. Per the National Registry, either the EMT-Basic Training Program Director, Service Director of Training/Operations, or the Physician Medical Director of Training Operations must attest to the continued competence in all NREMT-Basic skills outlined in Figure 2-1.

Note: Per the Department of Combat Medic Training, USAMEDDC&S, the Training NCO is also authorized to sign the NREMT re-registration form.

- d. Tables I-VII in this TC provide useful training guides for the 91W. (See Figure 1-1.). The tables focus on the key tasks. Training Tables I-VII will satisfy the NREMT continuing education requirements if the training is conducted using U.S. Army, Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS), or State-approved continuing education.
- e. The 91W CATS was developed to include time for obtaining the required NREMT refresher and continuing education hours in addition to training other key 91W skills. The CATS located in the General Dennis J. Reimer

Training and Doctrine Digital Library at www.adtdl.army.mil/atdls.htm details the training events, time, and resources required to sustain 91W proficiency. (After entering the Web site's digital library, go to "Commandant-approved Individual and Collective Training Support Materials." Then go to "Combined Arms Training Strategy" from the library search form.)

- f. Detailed information on fulfilling NREMT re-registration requirements, approved lesson plans, additional training strategies, and suggestions for maximizing opportunities for continuing education are outlined on the 91W Health Care Specialist Web site at www.cs.amedd.army.mil/91W.

1-4. Tracking Sustainment

- a. Leaders and soldiers need reliable information on the impact and effectiveness of their sustainment efforts. DA Form 7442-R, Tracking Sheet (Table VIII) is used as follows:
 - To record pass/fail status of each table.
 - As a unit level record of the soldier's Table VIII test completion.
 - As the basis of data input into the Medical Occupation Data System (MODS).
- b. The MODS 91W Module is the tracking system for commanders. The Web address is www.mods.army.mil. Commanders or their designated representatives may log on to this site and request access.

1-5. Focus on Mission Improvement

Sustainment of 91W medical skills provides new opportunities to improve the AMEDD's ability to execute the combat casualty care mission. Keeping pace with the rising expectations for medical proficiency and certification is a major challenge our medics, leaders, and commanders face. Through focused training, maximized available resources, and accurately measured sustainment, the Army achieves the goal of AMEDD success: *Capable Medics Who Conserve the Fighting Strength*.

Chapter 2

SEMI-ANNUAL COMBAT MEDIC SKILLS VALIDATION TEST (SACMS-VT)

2-1. Table VIII Execution

a. Requirements.

- (1) The key to the Skills Validation Test is the 91W's demonstration of their ability to perform hands-on life-saving tasks to standard. In the administration of the SACMS-VT (Table VIII), this essential concept must not be lost or obscured by enthusiasm for simulations. The use of simulations and varied scenarios to add variety, realism, and interest is authorized, but they must not detract from the essence of the SACMS-VT. It is ultimately the individual 91W's performance of these medical skills to the prescribed standard that must be tested and validated. (See Appendix A, DA Form 7440-R, and DA Form 7441-R.)
- (2) The 91W is required to—
 - Pass at least 70 percent of all performance measures on each skill sheet in Tables I through VI.
 - Score 100 percent on Table VII.
 - Must not miss critical criteria on any skill sheet.

Note: Employ safety and environmental protection procedures IAW AR 385-10, AR 200-1, and applicable Tactical Standing Operating Procedures (TSOP). Risk management process must be used IAW FM 25-101 and FM 100-14.

- (3) The 91W will use an aid bag(s) and/or Combat Medic Vest (CMV) packed according to a recommended packing list provided by the SACMS-VT coordinator. (See Appendix B.) The 91W is placed in a scenario with three to five simulated casualties. Each casualty will have a maximum of two injuries that must receive proper treatment.
- (4) At a minimum, the 91W will assess, stabilize, extract, and treat a trauma casualty; assess and perform life-saving measures on a medical casualty; assess and provide care to an NBC casualty; and evacuate at least one of the previously mentioned casualties.
- (5) Repetition of a failed skill station or individual skill sheet will be accomplished after immediate retraining or after more formal training. Either approach is based on the situation and the individual performance level of the 91W.

Note: The 91Ws being evaluated will not be used as casualties at these skill stations.

- b. Objective. To validate the 91W's ability to apply 91W/EMT-B skills (trauma, medical, NBC, and evacuation) in a scenario consistent with casualties at Echelon I and II levels of care.
- c. Tasks. The following tasks are tested at skill stations using reaction-style, scenario-based testing. Figure 2-1 is a suggested skill grouping, but should not be considered the only option.

SCENARIOS	TABLES	SKILL SHEETS
TRAUMA SKILLS	I	Casualty Assessment/Management–Trauma
	I	Perform Needle Chest Decompression
	I	Bleeding Control/Shock Management
	I	Intravenous (IV) Therapy
	II	Traction Splint
	II	Spinal Immobilization–Supine
	II	Spinal Immobilization–Seated
	II	Extract a Casualty
MEDICAL SKILLS	III	Casualty Assessment/Management–Medical
	IV	Airway Management–Upper Airway Adjuncts and Suction
	IV	Bag-Valve-Mask
	IV	Oxygen Administration
	IV	Mouth-to-Mask Supplemental Oxygen
	IV	Insert a Combitube®
	V	Cardiac Arrest Management (1 Rescuer)
	V	Cardiac Arrest Management (2 Rescuers)
	V	Cardiac Arrest Management–AED
NBC SKILLS	VI	Nuclear, Biological, and Chemical (NBC)
EVACUATION SKILLS	VII	Evacuate a Casualty
SACMS-VT	VIII	Table VIII Tracking Sheet and Skill Sheets

Figure 2-1. Suggested Skills Grouping

2-2. Instructions to Table VIII Coordinator

- a. Any fully qualified 91W (not carrying the Y2 identifier) can perform the evaluator's duties. An important component of ensuring the SACMS-VT operates smoothly is orienting the skill station evaluators in their role and responsibilities during the evaluation process. In order to ensure the consistent performance of evaluators throughout the test, the Table VIII coordinator should assemble the evaluators and give procedural instructions prior to the start of the SACMS-VT.
- b. The SAMCMS-VT coordinator may find that a different skill grouping is more appropriate for individual unit settings. Use Scenarios 1 through 3 or equivalent for testing. See Appendix A. Refer to Figure 2-2 for helpful hints.

Note: It takes one medic approximately 2 hours to complete Table VIII testing.

- | |
|--|
| <ol style="list-style-type: none">1. To reduce time requirements:<ul style="list-style-type: none">• Evacuate either the previously treated medical or NBC casualty.• Ensure evaluators are familiar with skill sheets and signs/symptoms of assigned scenario.• Set up an additional trauma station; test at one while reconstituting the other.• Have 2 evaluators per station; 1 to grade and 1 to give the scenario.2. To add realism:<ul style="list-style-type: none">• Use live casualties whenever possible. |
|--|

Figure 2-2. Table VIII Coordinator Helpful Hints

2-3. Instructions to the Evaluator

- a. It is essential that, once a scenario is established for a specific test site, it remains the same for all medics being tested at that site. This ensures consistency of the evaluation process for all medics.

Note: Every medic evaluated must be tested on morphine administration. Saline-filled syringes will be used in lieu of actual morphine.

- b. The test is comprised of scenario-based stations that require some dialogue between the evaluator and the medic. The evaluator should not coach the medic during his/her performance, except to start or stop a medic's

performance, to deliver necessary cues (e.g., "The casualty's blood pressure is 100/40; pulse is 120 and thready"), or to ask for clarification. Similarly, the evaluator should not react, either positively or negatively, to anything the medic says or does.

- c. The medic is required to physically accomplish all assessment steps listed on the skill sheets. Because of the limitations of moulage on a simulated casualty or mannequin, the evaluator must establish a dialogue with the medic at this station. If a medic quickly inspects, assesses, or palpates the casualty in a manner that lends uncertainty to the areas or functions being assessed, immediately ask the medic to explain these actions. For example, if the medic stares at the casualty's face, the evaluator should ask the medic what is being assessed. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically moulaged, but would be immediately evident in a real casualty encounter, must be supplied by the evaluator as soon as the medic exposes or assesses that area of the casualty.
- d. All skill stations require the presence of a live human simulated trauma casualty or mannequin. If a live simulated casualty is used, they should be briefed on how to respond throughout as the medic conducts the assessment. Trauma moulage should be used as appropriate. Avoid excessive/dramatic use of moulage because it must not interfere with the medic's ability to expose the victim for assessment.
- e. Vital signs are obtained in the focused history and physical exam. This should not be construed as the only place that the vital signs may be obtained. It is merely the earliest point in a pre-hospital assessment when they may be accomplished.
- f. Vital signs are obtained after the scene assessment and initial assessment are complete, and critical life-saving interventions have been performed, i.e., airway, breathing, circulation (ABCs). The scenario format for trauma assessment and airway skill station requires the evaluator to provide the medic with essential information throughout the evaluation process. Since this station uses a simulated casualty, the evaluator must supply all information pertaining to sight, sound, smell, or touch that cannot be adequately portrayed with the use of moulage. This information should be given to the medic when the area of the casualty is exposed or assessed.
- g. The medic may direct an assistant to obtain casualty vital signs. The evaluator must provide the medic with medically appropriate data for the casualty's pulse rate, respiratory rate, and blood pressure when asked. For example, if a medic has accomplished correct treatment for hypoperfusion, do not offer vital signs that deteriorate the casualty's condition. This may cause the medic to assume he/she has rendered inadequate or inappropriate care. Likewise, if a medic fails to accomplish appropriate treatment for hypoperfusion, do not offer vital signs that improve the casualty's condition. This may cause the medic to assume he/she has provided adequate care. The evaluator should not offer information that overly improves or deteriorates a casualty. Significant changes may invite the medic to discontinue treatment or initiate CPR and may lead to the medic failing the skill station.

-
- h. Each medic is required to complete a detailed physical evaluation of the casualty. The medic choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical evaluation en route to the hospital. The evaluator should be aware that the medic may accomplish portions of the detailed physical evaluation during the rapid trauma assessment. For example, the medic must inspect the neck prior to placement of a cervical collar. If the medic fails to assess a body area prior to covering the area with a casualty care device, no points should be awarded for the task. However, if a medic unfastens the device (while maintaining inline cervical stabilization), assesses the area, and replaces the device without compromising casualty care, full points should be awarded for the specific task.

Note: If two evaluators are not available, the preferred method to evaluate a medic is to write the exact sequence the medic follows during the station as it is performed. You may then use this documentation to complete the skill sheet after the medic finishes the station. This documentation validates the sequence on the skill sheet if questions arise later. Be sure to keep DA Form 7442-R, Tracking Sheet - (Table VIII) current.

2-4. Skill Sheet Instructions

The evaluation process consists of at least one evaluator at each station observing the medic's performance and recording it on a standardized skill sheet. The evaluator's role becomes that of an observer and recorder of events. Skill sheets have been developed for each of the stations. Instructions are provided at the bottom of each skill sheet.

2-5. Orienting the Medics

An important aspect of the SACMS-VT is the initial meeting and orientation of the medics. All medics should be assembled and instructed in the procedure of the SACMS-VT according to a standard orientation script. During this period, the medics should be given clear and complete directions as to what is expected during the SACMS-VT. A special effort should be made to put the medics at ease. During this period, questions regarding the SACMS-VT should be solicited and answered. Medics should also be instructed not to discuss the SACMS-VT with those medics waiting to be tested. See Figure 2-3.

2-6. Orientation Script

A standardized orientation script should be read before each SACMS-VT session. The coordinator normally reads the script. The following sample script contains necessary and appropriate information:

"Welcome to the SACMS-VT. I am [name and title]. By successfully completing this SACMS-VT, you will have validated the skills required of a 91W.

The evaluators will observe and record your performance. They record your performance in relation to the criteria listed on the skill sheets.

The evaluator will call you into the station when ready for testing. You are not permitted to remain in the testing area while waiting for the evaluator's next station. Wait outside the testing area until the station is open and you are called. Books, pamphlets, brochures, or other study material are not permitted in the station. You are not permitted to make any copies or recordings of any station. Each skill station evaluator will read aloud the "Instructions to the Medic" exactly as printed on the sheet provided by the coordinator. This information is read to each medic in the same manner to ensure consistency and fairness.

Pay close attention to the instructions. You will be provided information on the emergencies and be given instructions for actions to take at each skill station. The evaluator will offer to repeat the instructions and ask you if the instructions were understood. Do not ask for additional information, as the evaluator is not permitted to give additional information. The evaluators will avoid casual conversation with the medics to assure fair and equal treatment of all medics throughout the SACMS-VT validation. The evaluators will remain neutral so as not to indicate to you a judgment regarding your performance at a skill station. Do not interpret any of the evaluator's remarks as an indication of your overall performance. Demonstrate your skills to the best of your ability.

The skill stations are supplied with equipment for your selection. You will be given time at the beginning of the skill station to survey and select the equipment necessary for the appropriate management of the casualty. Do not feel obligated to use all the equipment.

As you progress through this SACMS-VT, each evaluator will be observing and recording your performance. Do not let their documentation practices influence your performance in the station. There is no correlation between the volume of documentation and the quality of your performance. You are encouraged to explain the things you are doing during your performance at the station.

The evaluator will inform you if a skill has a time limit during the reading of the instructions. Inform the evaluator when you are finished. You may be asked to remove equipment from the casualty before leaving the skill station.

You are not permitted to discuss details of any station with fellow medics at any time. Please be courteous to the medics who are testing by keeping noise to a minimum. Be prompt in reporting to each station.

Failure to validate competency at a station should be used to focus on these skills during sustainment training. Repeating the skill station will

be accomplished after either immediate retraining or after more formal training based on the situation and timeframe of the SACMS-VT.

The results of the SACMS-VT are reported as a pass/fail. You will receive a detailed critique of your performance on any skill not validated. Please remember that today's evaluation is a skills validation test. The purpose of this SACMS-VT is to validate your competency in the critical skills necessary of the 91W Health Care Specialist."

1. Follow instructions from the staff.
2. During the evaluation, move only to areas directed by the staff.
3. Give your name as you arrive at each station.
4. Listen carefully as the testing scenario is explained at each station.
5. Ask questions if the instructions are not clear.
6. During the evaluation, do not talk about the evaluation with anyone other than the skill station evaluator, the programmed casualty and, when applicable, the EMT assistant.
7. Equipment will be provided. Select and use only that which is necessary to care for your casualty adequately.

Figure 2-3. Medic Points to Remember

2-7. Simulated Trauma Casualty's (STC) Role

The programmed casualty is responsible for an accurate and consistent portrayal as the victim in the station scenario. The evaluator will brief the STC on their particular role. The programmed casualty's comments concerning the medic's performance should be noted on the reverse side of the performance skill sheet. These comments should be as brief and objective as possible so they can be used in the final scoring of the medic's performance. (See Appendix A.)

Appendix A
Sample Scenarios

TRAUMA 1 (Tables I, II)

You are called for a soldier who sustained blunt trauma to the chest and head during hand-to-hand combat approximately 30 minutes ago.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The area is secured and enemy contact is unlikely.

Mechanism of Injury: Blunt trauma to head and chest.

Number of Casualties: 1

Additional Assistance Required: None at present time.

Considers Stabilization of C-spine:

- *Directs partner to manually stabilize C-spine.*

INITIAL ASSESSMENT

General Impression: Appears unconscious, labored breathing, bleeding from forehead.

Level of Consciousness: Responds to painful stimuli only.

Chief Complaint: Depressed mental status, respiratory compromise.

Assesses Airway: Airway is patent.

Assesses Breathing: Respirations are 32/min and severely labored.

- *Should insert appropriate airway adjunct and begin assisted ventilations with BVM.*

Assesses Circulation: Pulse is weak and rapid at the carotid artery. Radial pulses are absent.

Skin is cool, clammy, and pale.

Dark red bleeding from wound to forehead.

- *Should control bleeding to forehead wound.*

Transport Priority:

- *Patient is critical and requires a rapid trauma assessment due to:*
 - *Depressed level of consciousness.*
 - *Respiratory compromise/Inadequate breathing.*
 - *Signs of shock.*

RAPID TRAUMA ASSESSMENT

Head: 3" laceration to forehead.

- *Bleeding should have been controlled in the initial assessment with a field dressing.*

Neck: (-) DCAP/BTLS, trachea is midline, (+) JVD.

Chest: Large bruise to left side of chest, (+) crepitus to left side of chest, breath sounds are absent on left side, (+) hyperresonance to left side of chest upon percussion, heart tones are normal.

- *Should recognize s/s of tension pneumothorax and perform chest decompression to left chest.*

Abdomen: Soft, (-) distention or rigidity, (-) bruising.

Pelvis: Stable to palpation (-) crepitus.

Extremities: Upper and lower extremities unremarkable for injury, (-) radial or pedal pulses bilaterally.

Assesses Posterior: (-) obvious injury to entire posterior.

- *At this point, a C-collar should be placed (if not already done), the patient fully immobilized and placed into ambulance for rapid transport.*

Obtains SAMPLE History: Unable due to patient's level of consciousness.

Obtains Baseline Vital Signs: BP 78/56, pulse 130 and weak, respirations 32 and severely labored.

Evacuation to occur at this time with the following interventions performed en route:

- *2 large-bore IVs of NS/LR to maintain perfusion as needed.*
- *Continued assisted ventilation with BVM.*
- *Continued monitoring of chest flutter valve.*

DETAILED PHYSICAL EXAM

Head: No change (wound to forehead should be bandaged).

Neck: If chest decompression performed: Jugular veins non-distended, trachea midline. If chest decompression not performed: Jugular veins more engorged and right side trachea deviation.

Chest: If chest decompression is performed: Breath sounds now weakly present on left side, respirations less labored.

If chest decompression is not performed: Breath sounds remain absent on left side, notable mediastinal shift to right side with intercostal muscle bulging on left side.

Abdomen/Pelvis: Unchanged.

Extremities: Unchanged.

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Reassesses All Interventions: Forehead wound appropriately bandaged, IVs patent and running, needle decompression site and flutter valve intact.

Reassesses Vital Signs: If chest **was** decompressed, give the following vital sign values:

- BP 100/60, pulse 112, respirations 26 and less labored, patient begins to respond slightly to verbal stimuli.

If chest **was not** decompressed, give the following vital sign values:

- BP unobtainable, (-) pulse, (-) respirations, patient unresponsive.

MEDICAL 1 (Tables III, IV, V)

You are called to a physical training track for a 45-year-old male soldier who is having chest pain during a physical training test (APFT).

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Chest pain while participating in PT.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found in sitting position in obvious distress.

Mental Status: Patient is conscious and oriented to person, place, and time.

Chief Complaint: "It feels like an elephant is sitting on my chest."

Airway: Patent, patient is able to talk in full sentences.

Breathing: 24/min and slightly shallow.

- *Should place non-rebreather at 15 liters/min at this time.*

Circulation: Radial pulses are bilaterally present and rapid.

Skin is pale, cool, and clammy.

No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Cardiac compromise with signs of shock.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

Signs & Symptoms: Chest pain (8 over 10) with radiation to left arm and jaw. Patient also complains of nausea. His skin color is ashen.

Allergies: None.

Medications: None.

Past Medical History: No medical problems.

Last Meal: Water 30 minutes ago.

Events Leading to Illness: "I was running PT when the pain began."

FOCUSED HISTORY AND PHYSICAL EXAMINATION (OPQRST)

O: Sudden onset.

P: "Nothing makes the pain better or worse."

Q: "It feels like an elephant is sitting on my chest."

R: "The pain moves to my left arm and jaw."

S: "Severe. It is an 8 on a scale of 1-10."

T: "It began about 20 minutes ago."

BASELINE VITAL SIGNS

BP 160/90, pulse 140, respirations 24 and slightly shallow.

Evacuation to occur at this time with the following interventions performed en route:

- *IV of NS/LR at KVO rate.*
- *Morphine Sulfate 2-5 mg IV push.*

DETAILED PHYSICAL EXAMINATION

- *This is a responsive medical patient; therefore, a detailed physical exam is not required.*

ONGOING ASSESSMENT

- *Advise medic that patient has become unresponsive.*

REPEAT INITIAL ASSESSMENT

Airway: Obstructed by tongue.

- *Medic should verbalize performing a head tilt, chin lift.*

Breathing: Absent.

- *Medic to give 2 rescue breaths (BVM or pocket mask).*

Circulation: No palpable pulse.

INTERVENTIONS

- *Medic should begin 1-person CPR and tell the driver to stop the ambulance while he/she applies the AED.*
- *Advise medic that after third consecutive shock with the AED, the patient's pulse returns and respirations return at a rate of 8/min and shallow. Patient remains unconscious.*
 - *Medic to insert airway adjunct and begin assisting ventilations with BVM and 100% oxygen.*

Reassessment of Vital Signs: BP 99/58, pulse 110, respirations 8/min and being assisted.

- *Medic should verbalize resuming transport with AED left attached and continued assisted ventilation en route.*
- *Ongoing assessment should be repeated every 5 minutes.*

NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) (Table VI)

You are called to treat a perimeter guard who was exposed to a “strange vapor” for approximately 30 seconds before he realized it was a chemical attack. He then masked and sounded the alarm.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The scene is safe. No vapor is noted.

Mechanism of Injury/Nature of Illness: Chemical exposure.

Number of Casualties: 1

Additional Assistance Required: None at present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required for this patient.*

INITIAL ASSESSMENT

General Impression: Casualty is in MOPP 4, sitting up and coughing.

Level of Consciousness: Responsive.

Chief Complaint: Difficulty breathing.

Assesses Airway: Patent with increased salivation.

Assesses Breathing: Rapid and shallow.

- *Medic should provide oxygen with RDIC if available, remove patient from contaminated area, and decontaminate ASAP.*

Assesses Circulation: Pulse is present and rapid.

No bleeding present.

Unable to evaluate skin. Casualty is in MOPP 4.

Transport Priority:

- *Patient requires prompt transport due to mild nerve agent exposure.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

Signs and Symptoms: Rhinorrhea, pinpoint pupils, blurred vision, generalized muscle twitching.

Allergies: No known allergies.

Medications: No known medications.

Past Medical History: None.

Last Meal: Unknown.

Events Leading to Illness: During perimeter patrol duties, was exposed to a “strange vapor” for approximately 30 seconds.

BASELINE VITAL SIGNS

BP 124/78, pulse 130, respirations 38 and shallow.

- *Advise medic that patient’s level of consciousness is now markedly decreased.*
 - *Medic should provide the following interventions:*
 - ◆ Move from contaminated area.
 - ◆ Perform hasty decontamination.
 - ◆ Begin assisted ventilation with BVM and 100% oxygen.
 - ◆ MARK I therapy.

Evacuation to occur at this time with the following interventions performed en route:

- *Continue assisted ventilation with BVM and 100% oxygen.*
- *Initiate IV of NS/LR.*
- *Medic should verbalize consideration for performing a detailed physical examination.*

ONGOING ASSESSMENT

- *Advise medic that after 10 minutes of receiving MARK I therapy, the casualty starts developing the original signs and symptoms again.*
 - *Medic should give a second MARK I treatment.*
 - *If symptoms persist after 10 minutes, give a third MARK I and Diazepam.*

REPEAT INITIAL ASSESSMENT

Airway: Copious secretions.

- *Medic should perform immediate suction to clear the airway.*

Breathing: 28 and shallow.

Circulation: Pulses present at rate of 78/min.

- *Medic should verbalize maintaining supportive care and continued assisted ventilations while en route to the medical treatment facility.*

TRAUMA 2 (Table I)

You are the medic supporting an infantry platoon. During a routine patrol, the platoon encounters a casualty in an overturned humvee.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The humvee is stable. The possibility of enemy contact is unknown. Perimeter defense is established.

Mechanism of Injury: Rollover of humvee with bent steering wheel.

Number of Casualties: 1

Additional Assistance Required: None at present time.

Considers Stabilization of C-spine:

- *Directs partner to manually stabilize C-spine.*

INITIAL ASSESSMENT

General Impression: Casualty is sitting up. A laceration with bleeding is seen to left forearm.

Level of Consciousness: Responds to verbal stimuli.

Chief complaint: Pain in left arm.

Assesses Airway: Airway is patent.

Assesses Breathing: Respirations are 28/min with good chest rise.

- *Medic should apply 100% oxygen via non-rebreather mask.*

Assesses Circulation: Pulse is present and rapid.

Skin is cool and moist.

Bright red bleeding noted to left forearm.

- *Medic should apply immediate direct pressure to forearm wound and employ other bleeding control techniques as needed.*

Transport Priority:

- *Patient is critical and requires a rapid trauma assessment due to:*
 - Responsiveness to verbal stimuli only.
 - Severe arterial bleeding.
 - Signs of shock.

RAPID TRAUMA ASSESSMENT

Head: Abrasions to left side of face. There is no CSF or active bleeding noted.

Neck: (-) obvious injuries, trachea is midline, jugular veins are flat.

Chest: Chest wall is stable, (-) crepitus, breath sounds are present and equal bilaterally, heart tones are normal.

Abdomen: Soft and non-tender, (-) distention or rigidity, (-) bruising.

Pelvis: Stable to palpation (-) crepitus.

Extremities: Lower extremities are unremarkable with (+) MSC.

Laceration noted to left arm with weak radial pulse in left arm.

- *Medic should have already controlled bleeding to forearm wound.*

Assesses Posterior: (-) obvious injury to entire posterior.

- *At this point, a C-collar should be placed (if not already done), the patient fully immobilized and placed into ambulance for rapid evacuation.*

SAMPLE HISTORY

S: Responsive to verbal stimuli only, early signs of shock present, arterial bleed to left forearm wound.

A: No known allergies.

M: No known medication.

P: No past medical history.

L: Approximately 3 hours ago.

E: Rounded a corner and lost control of the humvee. It rolled over in a ditch.

BASELINE VITAL SIGNS

BP 100/48, pulse 140, respirations 26 with good chest movement.

Evacuation to occur at this time with the following interventions performed en route:

- *2 large-bore IVs of NS/LR to maintain perfusion as needed.*
- *Continued 100% oxygen therapy.*
- *Perform detailed physical examination.*

DETAILED PHYSICAL EXAM

Head: (+) Battle's sign behind right ear, facial bones are stable, (-) CSF from ears or nose.

Neck: Trachea is midline; back of neck cannot be palpated due to C-collar.

- *If 2 large-bore IVs are started and bleeding has been controlled: jugular veins are normal.*
- *If IVs not started and/or bleeding not controlled: jugular veins remain flat.*

Chest: Chest wall is stable, (-) crepitus, breath sounds are present and equal bilaterally, heart tones are normal.

Abdomen/Pelvis: Unchanged.

Extremities: Lower extremities are unchanged.

Left forearm (wound should already be dressed and bandaged) has weak radial pulse.

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Manages secondary injuries found during detailed exam

Repeats Vital Signs:

- *If bleeding was appropriately controlled and at least 1 large-bore IV was started, give the following vital sign values:*
 - *BP 120/66, pulse 108, respirations 22.*
- *If bleeding was not appropriately controlled and at least 1 large-bore IV was not started, give the following vital sign values:*
 - *BP 88/60, pulse 152 and weak, respirations 30 and shallow.*

TRAUMA 3 (Tables I, II)

You are called to treat a casualty who drove a humvee into a land mine.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The scene is safe as possible. All land mines have been cleared around the humvee.

Mechanism of Injury: Land mine explosion.

Number of Casualties: 1

Additional Assistance Required: None at present time.

Considers Stabilization of C-spine:

- *Directs partner to manually stabilize C-spine.*

INITIAL ASSESSMENT

General Impression: Casualty is found sitting in the vehicle. Bleeding is noted from the abdomen and lower extremities.

Level of Consciousness: Unconscious and unresponsive.

Chief Complaint/Apparent Life Threats: Unconscious with noted trauma to abdomen and lower extremities.

Assesses Airway: Obstructed by neck flexion.

Assesses Breathing: Slow and Shallow.

Assesses Circulation: Pulse is present only at the neck. It is rapid and weak.

Skin is pale, cool, and clammy.

There is active bleeding present to the abdomen and both lower extremities.

- *Medic should state that he/she would rapidly extricate the patient from the vehicle and provide the following immediate therapy:*
 - *Open airway with jaw-thrust while maintaining manual C-spine control.*
 - *Insert oral airway and assist ventilations with BVM and 100% oxygen.*

Transport Priority:

- *Patient is critical and requires a rapid trauma assessment due to:*
 - *Unresponsiveness.*
 - *Inadequate breathing.*
 - *Severe bleeding.*
 - *Severe hypovolemic shock.*

RAPID TRAUMA ASSESSMENT

Head: Bruising to right side of face.

Neck: (-) obvious trauma, trachea is midline and jugular veins are flat.

Chest: Chest wall is stable, (-) crepitus, breath sounds are clear and equal bilaterally, heart tones are normal.

Abdomen: Open wound with protruding viscera.

- *Medic should have applied field dressing to this wound in the initial assessment.*

Pelvis: Stable.

Extremities: Both legs are crushed and mangled from the mid-thighs down. Bleeding is controlled with tourniquets in place, (-) distal pulses bilaterally. There are minor cuts and abrasions to upper extremities, (-) radial pulses bilaterally.

Assesses Posterior: (-) obvious injury to entire posterior.

- *At this point, a C-collar should be placed (if not already done), the patient fully immobilized and placed into ambulance for rapid evacuation.*

SAMPLE HISTORY: Unable to obtain due to patient's unconsciousness.

BASELINE VITAL SIGNS

BP 90/50, pulse 140 and weak, respirations 8 (being assisted with BVM)

Evacuation to occur at this time with the following interventions performed en route:

- *2 large-bore IVs of NS/LR to maintain perfusion as needed.*
- *Other shock treatment (i.e., provide warmth).*
- *Continued assisted ventilation with BVM and 100% oxygen.*
- *Perform detailed physical examination.*

DETAILED PHYSICAL EXAM

Head: Unchanged.

Neck: Trachea midline, C-collar is in place so back of neck cannot be checked for trauma.

- *If 2 large-bore IVs are started and bleeding has been controlled: jugular veins are minimally visible.*
- *If IVs not started and/or bleeding not controlled: jugular veins remain flat.*

Chest: Unchanged.

Abdomen/Pelvis: Field dressing in place. Bleeding is controlled.

- *If field dressing has not been placed, state that severe bleeding continues.*

Extremities: Bilateral tourniquets have controlled bleeding, (-) pulses in lower extremities. Upper extremities have been bandaged.

- *If 2 large-bore IVs have been started, radial pulses are weakly present.*
- *If 2 large-bore IVs have not been started, radial pulses remain absent.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)**Repeats Vital Signs:**

- *If bleeding was appropriately controlled and 2 large-bore IVs were started, give the following vital sign values:*
 - *BP 100/70, pulse 130, respirations 16 (still shallow and being assisted).*
- *If bleeding was not appropriately controlled and 2 large-bore IVs were not started, give the following vital sign values:*
 - *BP 50 systolic, pulse 140 and extremely weak, respirations absent. Patient then goes into full cardiac arrest if he remains unmanaged or is not treated as outlined above.*

MEDICAL 2 (Tables III, IV, V)

You are called to the motor pool where a soldier is having a seizure.

SCENE ASSESSMENT

Medic to state BSI precautions.

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Seizure.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient due to (-) trauma.*

INITIAL ASSESSMENT

General Impression: Casualty found lying on floor, having erratic movements.

Level of Consciousness: Unconscious and unresponsive.

Chief Complaint/Apparent Life Threats: Airway compromise due to seizure activity.

Airway: Obstructed with blood.

- *Medic should immediately suction the oropharynx.*

Breathing: Rapid and shallow.

- *After airway has been cleared with suction, the medic should initiate assisted ventilation with BVM and 100% oxygen.*

Circulation: Pulse is present and rapid.

Skin is cyanotic, cool, and clammy.

Oral bleeding is noted due to laceration of tongue.

Transport Priority:

- *Patient requires immediate transport and rapid assessment due to the following:*
 - *Possible status as Epilepticus/Unresponsive patient.*

RAPID ASSESSMENT

Head: No injuries noted, (-) CSF from ears or nose (+) blood in mouth from lacerated tongue.

- *Medic should verbalize that he/she would continue to suction airway as needed.*

Neck: No injuries noted, trachea midline, jugular veins normal.

Chest: (-) obvious injury, chest wall stable, breath sounds clear and equal bilaterally.

Abdomen/Pelvis: (-) obvious injury, abdomen is soft and pelvis is stable.

Extremities: (-) injuries, pulses are present bilaterally in lower and upper extremities.

Posterior: (-) trauma noted.

SAMPLE HISTORY

Signs & Symptoms: Actively seizing. Skin is cyanotic.

Allergies: None.

Medications: None.

Past Medical History: No medical problems. No history of seizures according to supervisor.

Last Meal: Unknown.

Events Leading to Illness: Working on a humvee when the patient was witnessed to begin seizing.

BASELINE VITAL SIGNS

BP is unable to obtain due to seizure activity, pulse is 130 and weak, respirations are 30 and shallow.

- *Medic should be ventilating patient with BVM and 100% oxygen.*

Evacuation to occur at this time with the following interventions performed en route:

- *Continued suctioning of the airway as needed.*
- *Continued assisted ventilation with BVM and 100% oxygen.*
- *Protection of the patient from injury during the seizure.*
- *Initiate IV of NS/LR at KVO rate.*

DETAILED PHYSICAL EXAMINATION

- *(-) new findings in detailed physical examination from rapid assessment.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)

- Advise medic that seizure activity has stopped; however, patient remains unconscious and unresponsive.

REPEAT INITIAL ASSESSMENT

Airway: Obstructed by tongue.

- Medic should verbalize performing a head tilt, chin lift.

Breathing: Absent.

- Medic should now insert oral airway and continue assisted ventilations with BVM and 100% oxygen.

Circulation: Carotid pulse is 120 and weak.

INTERVENTIONS

- En route, medic should continue:
 - Suctioning of airway as needed.
 - Continue assisted ventilations with BVM and 100% oxygen.
 - Initiate IV of NS/LR (if not already done).

Reassessment of Vital Signs: BP 100/60, pulse 110, respirations being assisted at 24/min.

RESPIRATORY (Tables III, IV)

You arrive at the home of an elderly male. The patient is 65 years old and is complaining of difficulty breathing.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Difficulty breathing.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient appears slightly overweight. He is in a tripod position and you can see cyanosis around his lips.

Mental Status: The patient is awake but appears drowsy. He is only able to talk in two-word sentences.

Chief Complaint: "I'm having a hard time breathing and I need to go to the hospital." (speaking in broken sentences)

Airway: The airway is patent; however, the patient is only able to speak in two-word sentences interrupted by coughing.

Breathing: 30 and deep, through pursed lips.

- *Medic should initiate assisted ventilation with a BVM and 100% oxygen.*

Circulation: Heart rate is 130 and weak at the radial artery.
Cyanosis is present to the lips, fingers, and capillary beds.
No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Impending respiratory failure due to inadequate breathing.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (OPQRST/SAMPLE HISTORY)

Onset: Progressively getting worse over the past few days (per patient's wife).

Provocation/Palliation: Patient's wife states that nothing the patient does makes the trouble breathing better.

Quality: There is no pain present at this time.

Radiation: There is no pain present at this time.

Severity: The patient is in severe distress and is unable to speak in full sentences.

Time of Onset: It's been present for days but got worse today.

Allergies: Allergic to penicillin and bee stings.

Medications: Home oxygen and a prescribed inhaler of Ventolin.

Pertinent Past Medical History: Emphysema.

Last Meal: Breakfast approximately 4 hours ago.

Events Leading to Illness: Trouble breathing has become worse over the past few days and today it really got bad.

BASELINE VITAL SIGNS

BP 98/60, pulse 130 and weak, respirations 30 and deep.

- *Medic should be assisting ventilations with BVM and 100% oxygen.*

Evacuation to occur at this time with the following interventions performed en route:

- *IV of NS/LR at KVO rate.*
- *Continued assisted ventilation with BVM and 100% oxygen.*

DETAILED PHYSICAL EXAMINATION

- *This is a responsive medical patient; therefore, a detailed physical exam is not required.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Repeats Initial Assessment:

- If medic is assisting ventilations with BVM and 100% oxygen
 - Patient's condition remains unchanged.
- If medic is not assisting ventilations with BVM and 100% oxygen (i.e., if he/she applied non-rebreather or nasal cannula)
 - Patient's respirations are profoundly labored and the patient's level of consciousness is diminished.

Reassessment of Vital Signs:

- If patient is being ventilated with BVM and 100% oxygen
 - BP 104/70, pulse 110 and stronger, respirations 26 and less labored.
- If patient is not being ventilated with BVM and 100% oxygen
 - BP 80/60, pulse 150 and weaker, respirations are absent.

ENVIRONMENTAL EMERGENCIES (Table III)

You arrive on the scene as bystanders are pulling a 16-year-old female from an ice-covered creek. The teenager has been pulled from the creek onto dry land. The temperature outside is approximately 25° F.

SCENE ASSESSMENT

Soldier to state BSI precautions.

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Apparent near drowning in cold water.

Number of Casualties: 1

Additional Assistance Required: None at present time.

Considers Stabilization of C-spine:

- *Medic should direct partner to maintain manual C-spine stabilization due to the possibility of trauma.*

INITIAL ASSESSMENT

General Impression: Patient is conscious and shivering uncontrollably.

Level of Consciousness: Responsive to verbal stimuli but is slow to speak.

Chief Complaint/Apparent Life Threats: Potentially serious hypothermia.

Assesses Airway: Airway is patent.

Assesses Breathing: Respirations are 26 and slightly shallow.

- *Medic should apply 100% oxygen via non-rebreather mask.*

Assesses Circulation: No bleeding is present.

Pulse is 110 and strong.

Skin is pale and wet. Patient is still wearing wet clothing.

- *Medic should immediately, but carefully, move patient to ambulance, remove wet clothing, and apply blankets.*

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Potentially serious hypothermia.*
 - *Slowness in responding to questions (altered LOC).*

FOCUSED HISTORY

Source: Patient fell through hole in ice-covered creek.

Environment: Ambient air temperature is approximately 25° F.

Duration: Bystanders estimate that patient was submerged for approximately 3-5 minutes.

Loss of Consciousness: Bystanders state that patient was unconscious when pulled from water but slowly regained consciousness after brief period of rescue breathing.

Effects-General or Local: Patient has generalized hypothermia.

Allergies: None.

Medications: None.

Past Medical History: None.

Last Meal: "I ate lunch about three hours ago."

Events Leading to Illness: "I thought the ice would hold me. I was trying to cross the ice to take a shortcut home."

FOCUSED PHYSICAL EXAMINATION

- *Medic should perform rapid assessment to rule out the possibility of trauma while in water.*
 - *Rapid assessment reveals no trauma.*

BASELINE VITAL SIGNS

BP 120/80, pulse 110 and strong, respirations 26 and slightly shallow.

INTERVENTIONS

- *At this point, the medic should have:*
 - *Applied 100% oxygen via non-rebreather mask.*
 - *Carefully moved patient into ambulance.*
 - *Removed wet clothing and applied blankets.*

Evacuation to occur at this time with the following interventions performed en route:

- *Continue 100% oxygen therapy.*
- *Continue passive re-warming (apply layered blankets).*

ONGOING ASSESSMENT (should be repeated every 5 minutes (can be verbalized))**Repeats Initial Assessment:**

- If patient warmed appropriately and administered 100% oxygen via non-rebreather:
 - Patient continues to improve.
- If patient is not rewarmed appropriately and 100% oxygen is not administered:
 - Level of consciousness is diminished, pulse becomes weaker, and patient's skin is now generally pale with cyanosis to lips and nail beds.

Repeats Vital Signs:

- If treatment is appropriate as mentioned above:
 - BP 122/78, pulse 96 and strong, respirations 22 and normal.
- If treatment not appropriate as mentioned above:
 - BP 90/60, pulse 130 and weak, respirations 30 and very shallow.

OBSTETRICS (Table III)

You arrive on the scene where a 26-year-old female is lying on the couch saying, “The baby is coming and the pain is killing me!”

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Imminent delivery.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found lying on couch in obvious pain.

Mental Status: Awake and alert.

Chief Complaint: “I’m nine months pregnant and the baby is coming soon.”

Apparent Life Threats: Possible hemorrhage from mother, possible cord problems to baby.

Airway: Patent.

Breathing: Panting, rapid breathing during contractions.

- *Medic should apply non-rebreather at 15 liters/min at this time.*

Circulation: Pulse is 120 and strong.

Skin is warm and moist.

No obvious bleeding is present.

Transport Priority:

- *Patient requires a more detailed exam in order to determine if on-scene delivery will be needed.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

How long have you been pregnant? “I’m nine months pregnant.”

Pain or contractions: “My pain is every 2-3 minutes and it lasts 1-2 minutes.”

Bleeding or discharge: “My water broke about three hours ago. I haven’t noticed any blood.”

Do you feel the need to push? “Yes, every time the pain begins.”

Last Menstrual Period: “I think that it was about 10 months ago or so.”

Allergies: None.

Medications: Prenatal vitamins.

Past Medical History: “This is my third baby.”

Last Meal: “I ate breakfast this morning.”

Events Leading to Illness: “The contractions started a few hours ago and have not stopped.”

FOCUSED PHYSICAL EXAMINATION

Crowning: Present.

Vaginal bleeding or discharge: Trickles of amniotic fluid and small amounts of blood.

- *Medic should state that on-scene delivery will be required.*
- *Medic should advise partner to prepare obstetrical kit and obtain vital signs.*

BASELINE VITAL SIGNS

BP 140/80, pulse 120, respirations 40 during contractions.

INTERVENTIONS

- *Medic should perform on-scene vaginal delivery.*
- *If not already done, patient should be on 100% oxygen via non-rebreather.*
- *Advise medic that delivery was uneventful. Baby and mom are both stable.*

Evacuation to occur at this time with the following interventions performed en route:

- *Continue 100% oxygen for mother.*
- *Ensure that baby stays warm (cord has already been clamped and cut).*
- *Prepare for delivery of placenta.*
- *Observe mother for excessive vaginal bleeding.*
- *May need to perform uterine massage if bleeding persists.*
- *Initiate IV of NS/LR at KVO rate.*

BEHAVIORAL (Table III)

You are called to post housing for a man who is threatening to kill himself.

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The MPs are on scene.

Mechanism of Injury/Nature of Illness: Suicidal threats.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found pacing nervously, stating that he is “going to end it all.”

Mental Status: Awake and alert.

Chief Complaint: “I have had enough of life. I am going to kill myself!”

Apparent Life Threats: Potential harm to rescuers and/or patient.

Airway: Patent.

Breathing: Respirations are 22 and unlabored.

Circulation: Patient will not allow medics to obtain pulse rate.

Skin appears moist.

No obvious bleeding is present.

Transport Priority:

- *Transport should be delayed due to the following reasons:*
 - *Patient is obviously upset and suicidal.*
 - *Any attempts to move him may cause him to become violent.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

How do you feel? “I just want to be left alone so I can off myself.”

Is the patient a threat to himself or others? The patient is pacing nervously with clenched fists.

- *Medic should state that he/she would keep a safe distance from the patient and allow MPs to take over the situation if needed.*

Is there a medical problem? The patient denies any complaints, pain or discomfort.

Interventions: “I haven’t done anything yet.”

Allergies: None.

Medications: Zoloft and Lithium.

Past Medical History: Severe depression and bipolar disorder.

Last Meal: “I ate breakfast this morning.”

Events Leading to Illness: “I’ve been feeling this way for days. I am just tired of living and want to kill myself.”

FOCUSED PHYSICAL EXAMINATION

- *Patient will not allow the medic to perform a physical examination. He does not appear to be injured.*

Evacuation to occur at this time. The medic may request that an MP accompany the patient in the back of the ambulance. The following should be accomplished en route:

- *Restrain the patient if he becomes violent.*
 - *The medic should have the MP assist if necessary.*
- *Do not do anything to upset the patient.*
- *Encourage the patient to talk. Back off if he does not want to.*

Scenario 11

CARDIAC (Tables III, IV)

You arrive on the scene where a 57-year-old man is complaining of severe chest pain.

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Chest pain.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: Patient is found sitting in recliner, leaning forward with a clenched fist across his chest.

Mental Status: Awake and alert.

Chief Complaint: "My chest really hurts."

Apparent Life Threats: Cardiac compromise.

Airway: Patent.

Breathing: 24 and slightly shallow.

- *Medic should place non-rebreather mask at 15 liters/min at this time.*

Circulation: Pulse is 124 and weak.

Skin is cool and clammy.

No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Cardiac compromise with the potential for cardiac arrest.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

Onset: "The pain woke me up from my afternoon nap."

Provokes: "It hurts really bad. Nothing that I do makes it better."

Quality: "It started out like indigestion. Now it feels like a big weight on my chest."

Radiates: "About 10 minutes after the pain started, it began to move to my left arm and jaw."

Severity: "This is, by far, the worst pain that I have ever felt."

Time: "It's been persistent for about an hour."

Interventions: "I took three of my prescribed nitroglycerin before you got here. They did not help."

Allergies: None.

Medications: Nitroglycerin.

Past Medical History: "I was diagnosed with angina two years ago."

Last Meal: "The last meal that I had was last night. I have no appetite right now."

Events Leading to Illness: "I was asleep when the pain woke me up."

BASELINE VITAL SIGNS

BP 94/60, pulse 126, respirations 24 and slightly shallow.

Evacuation to occur at this time with the following interventions performed en route:

- *Continue 100% oxygen therapy.*
- *IV of NS/LR at KVO rate.*
- *Have the AED ready, but not attached to patient.*
- *Reassure the patient while en route to hospital.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Repeats Initial Assessment: Unchanged.

Repeats Vital Signs:

- *If medic does not give more nitroglycerin, state the following vital sign values:*
 - *BP 98/68, pulse 110, respirations 22 and slightly shallow.*
- *If medic gives more nitroglycerin, state the following vital sign values:*
 - *BP 70/52, pulse 130, respirations 24 and shallow.*

POISONING/OVERDOSE (Table III)

You arrive on the scene where a 3-year-old girl is sitting on her mother's lap. The mother states that she thinks that her daughter took some of her sleeping pills.

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Ingestion of sleeping pills.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: The child looks very sleepy and does not look at you as you approach.

Level of Consciousness: Responds slowly to verbal commands.

Chief Complaint: "I think my baby took some of my sleeping pills. Please don't let her die."

Apparent Life Threats: Depressed central nervous system and respiratory compromise.

Airway: Patent.

Breathing: 12 and shallow.

- *Medic should begin assisting ventilations with BVM and 100% oxygen at this time.*

Circulation: Pulse is 120 and strong.

Skin is cool and dry.

No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Ingestion of CNS depressant drugs with altered LOC and depressed respirations.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

Substance: "She took a lot of my Valium."

Time of Ingestion: "I think she took them about 45 minutes ago."

How much ingested: "I just had the prescription refilled yesterday. The bottle is now half empty."

Over what period of time: "I think that she took them all at once."

Interventions: "I haven't done anything for her. I thought about giving her some milk, but didn't."

Estimated Weight: "She weighs about 25 pounds."

Allergies: None.

Medications: None.

Past Medical History: None.

Last Meal: "She ate breakfast this morning."

Events Leading to Illness: "I guess she got into the medicine cabinet and swallowed the pills."

BASELINE VITAL SIGNS

BP 80/40, pulse 122, respirations 12 and shallow.

- *Medic should be assisting ventilations at this point.*

Evacuation to occur at this time with the following interventions performed en route:

- *Continued assisted ventilations.*
- *IV of NS/LR at KVO rate.*
- *Transport bottle of Valium with patient if possible.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)

Repeats Initial Assessment:

- *If medic gives activated charcoal, state the following:*
 - *Patient begins choking on the charcoal and she is not moving effective air.*
 - *The patient's heart rate drops to 60.*
 - *The patient is now totally unconscious and unresponsive.*
- *If medic does not give activated charcoal, state the following:*
 - *The findings are unchanged from the first assessment.*

Repeat Vital Signs:

- *If medic does not provide assisted ventilations, state the following vital sign values:*
 - *BP unobtainable, pulse 62, respirations absent.*
- *If medic provides assisted ventilations, state the following vital sign values:*
 - *BP 86/66, pulse 130, respirations 18 and shallow.*

ALTERED MENTAL STATUS (Table III)

You arrive at the scene of a residence where a man says that his wife is a diabetic and isn't acting right.

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Diabetic complication.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: The patient is found in bed. She appears to be sleeping. You note that she is diaphoretic.

Level of Consciousness: Opens her eyes in response to being shaken.

Chief Complaint: "My wife just isn't acting right. I can't get her to stay awake. She only opens her eyes, then goes right back to sleep."

Apparent Life Threats: Respiratory compromise, possible hypoglycemia.

Airway: Patent.

Breathing: 14 and shallow.

- *Medic should begin assisting ventilations with BVM and 100% oxygen at this time.*

Circulation: Pulse is 120 and weak.

Skin is profoundly diaphoretic.

No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *Possible hypoglycemia and inadequate breathing.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

Description of Episode: "My wife took her insulin this morning as she always does, but she has had the flu recently and has been vomiting."

Onset: "This came on very quickly. She was fine one minute, then she went to sleep and I haven't been able to keep her awake since then."

Duration: "She's been this way for about 15 minutes. I called you right away."

Associated Symptoms: "The only thing that I can think of is that she has had the flu and has been vomiting since last night."

Evidence of Trauma: "She didn't fall. She laid down in the bed and went to sleep. I haven't tried to move her."

Interventions: "I haven't given her anything. I just called you."

Seizures: "I haven't noticed any seizures."

Fever: "She has been running a low-grade fever. I guess because of the flu."

Allergies: Penicillin.

Medications: Insulin.

Past Medical History: "She has been an insulin-dependent diabetic since the age of 21."

Last Meal: "She ate breakfast this morning, but then vomited it right back up."

Events Leading to Illness: "She has had the flu and has been vomiting for the past day or so."

FOCUSED PHYSICAL EXAMINATION

- *Rapid assessment not required due to absence of trauma.*

BASELINE VITAL SIGNS

BP 110/72, pulse 120, respirations 14 and shallow.

- *Medic should be assisting ventilations at this point.*

Evacuation to occur at this time with the following interventions performed en route:

- *Continued assisted ventilations.*
- *Start IV at KVO rate (fluid based on protocol).*
- *Administer 25gm of 50% Dextrose IV.*

DETAILED PHYSICAL EXAMINATION

- *Verbalizes the need for a detailed physical examination.*

ONGOING ASSESSMENT (should be repeated every 5 minutes)**Repeats Initial Assessment:**

- *If medic initiated assisted ventilations **and** administered 25gm of 50% Dextrose, state the following:*
 - *Patient is awake and alert, asking what happened. Her airway is patent and her breathing is adequate.*
- *If medic did not initiate assisted ventilations and administer 25gm of 50% Dextrose, state the following:*
 - *The patient is now apneic and deeply comatose. The heart rate is 144 and difficult to palpate at the carotid artery.*

Repeats Vital Signs:

- *If management was appropriate as listed above, give the following vital sign values:*
 - *BP 120/80, pulse 86 and strong, respirations 20 with good air movement.*
- *If management was inappropriate as listed above, give the following vital sign values:*
 - *BP unobtainable, pulse 144 and extremely weak, respirations are absent.*

ALLERGIC REACTION (Table III)

You respond to a call for a man who is having difficulty breathing. Apparently, his condition began after he ate cookies that he purchased at a bake sale.

SCENE ASSESSMENT

Medic to state BSI precautions

Scene Safety: The scene is safe.

Mechanism of Injury/Nature of Illness: Possible allergic reaction.

Number of Casualties: 1

Assistance Required: Not at the present time.

Considers Stabilization of C-spine:

- *C-spine stabilization is not required with this patient.*

INITIAL ASSESSMENT

General Impression: The patient is found to be awake, but very anxious and restless.

Level of Consciousness: Awake, but very restless.

Chief Complaint: "I think I'm having an allergic reaction to those cookies that I ate."

Apparent Life Threats: Potential respiratory and circulatory compromise.

Airway: Patent.

Breathing: 26 with inspiratory and expiratory wheezing.

- *Medic should apply 100% oxygen via non-rebreather at this time.*

Circulation: Pulse is 120 and weak.

Skin is warm and flushed.

No bleeding is present.

Transport Priority:

- *Patient requires immediate transport due to the following:*
 - *An allergic reaction with signs of possible anaphylactic shock.*

FOCUSED HISTORY AND PHYSICAL EXAMINATION (SAMPLE HX)

History of Allergies: "Yes, I'm allergic to peanuts."

What were you exposed to? "I ate those cookies that I purchased. I think they may have had peanuts in them."

How were you exposed? "I ate the cookies and then started having trouble breathing about 20 minutes later."

Effects: "I'm having trouble breathing and I feel light-headed and dizzy."

Progression: "My difficulty breathing is worse and now I am wheezing. I'm also sweating really bad."

Interventions: "I have my EpiPen upstairs but I am afraid to stick myself."

Allergies: Peanuts and penicillin.

Medications: Nothing regularly.

Past Medical History: "I had to spend two days in the hospital the last time this happened."

Last Meal: "The last thing that I ate were those cookies."

Events Leading to Illness: "None, except I ate those cookies."

FOCUSED PHYSICAL EXAMINATION

- *Not required with this patient.*

BASELINE VITAL SIGNS

BP 100/60, pulse 120, respirations 26 with wheezing.

INTERVENTIONS

- *The medic should provide the following treatment:*
 - *100% oxygen via non-rebreather (if not already provided).*
 - *Assist patient with epinephrine auto-injector.*

Evacuation to occur at this time with the following interventions performed en route:

- Continue oxygen therapy.
- Start IV of NS/LR at KVO rate.
- Administer nebulizer treatment and 25-50 mg of Benadryl intramuscularly or intravenously.
- Apply a cardiac monitor.

DETAILED PHYSICAL EXAMINATION

Not required with this patient.

ONGOING ASSESSMENT (should be repeated every 5 minutes)**Repeats Initial Assessment:**

- If medic assisted patient with EpiPen and gave 100% oxygen, state the following:
 - Patient is awake and alert and states that he feels much better. His airway is patent and the wheezing has resolved.
- If medic did not assist patient with EpiPen and did not give 100% oxygen, state the following:
 - Patient is now moving minimal amounts of air. The wheezing is barely audible. His heart rate is much faster and extremely weak.

Repeats Vital Signs:

- If management was appropriate as listed above, give the following vital sign values:
 - BP 114/68, pulse 70 and strong, respirations 16 with good air movement.
- If management was inappropriate as listed above, give the following vital sign values:
 - BP unobtainable, pulse 138 and extremely weak, poor movement of air with wheezing barely audible.

Appendix B

COMBAT MEDIC VEST SYSTEM (CMVS)
PACKING LIST

The CMVS is a component of the Medical Equipment Set (MES), Surgical Instrument and Supply Set (SISS), Individual, UA 0246, Line Item Number (LIN) U65480.

Items Carried by Medic

1. 5110-01-279-9332 Knife Pocket 2.5 EA 1
2. 6135-00-835-7210 Battery Nonelec 1.5 V EA 2
3. 6230-00-264-8261 Flashlight 3 V DC EA 1
4. 6532-01-446-2594 Combat Medic Vest EA 1
5. 6545-01-161-7145 Case Med Set Nylon EA 1
6. 7520-00-935-7135 Pen Ball Point Black EA 1

Pocket #1

1. 6510-00-202-0800 Gauze 18 x 3" EA 3
2. 6510-00-926-8882 Adhesive Tape Surgical 1" RL 1
3. 6510-01-408-1920 Dressing Chest Seal WD EA 2
4. 6515-00-226-7692 Gloves Exam Large PR 1
5. 6515-00-687-8052 Airway Pharyngeal 100 mm EA 1
6. 6515-00-958-2232 Airway Pharyngeal 80 mm EA 1

Pocket #2

1. 6510-00-721-9808 Sponge Surgical 4 x 4" EA 8
2. 6510-01-452-1743 Pad Cotton EA 1
3. 6515-01-225-4681 Splint Universal 36 x 4.5" EA 1
4. 6545-00-853-6309 First Aid Kit Eye Dressing EA 1

Pocket #3

1. 6510-00-159-4883 Dressing First Aid EA 6
2. 6510-00-935-5823 Bandage Elastic 6" x 4.5 yd EA 2

Pocket #4

1. 6510-00-201-1755 Bandage 37 x 37 x 52" EA 9
2. 6510-00-201-7425 Dress FLD 11³/₄" EA 1
3. 6515-00-201-7430 Dress FLD 7¹/₂ x 8" EA 1
4. 6515-00-935-7138 Scissors Bandage 7.25" EA 1

Pouch #1

1. 6510-00-058-3047 Bandage Gauze 4¹/₂" EA 3
2. 6510-00-721-9808 Sponge Surgical 4 x 4" EA 8
3. 6515-00-226-7692 Gloves Exam Large PR 1
4. 6515-00-333-3600 Forceps Dressing 5.5" EA 1
5. 6515-00-334-4900 Forceps Hemo Halsted EA 1
6. 6515-00-334-5600 Forceps Hemo STR 5" LG EA 1
7. 6515-00-334-9500 Forceps Hemo 9" Pean EA 1
8. 6515-00-337-9900 Forceps Tissue 5.5" LG EA 1
9. 6515-00-365-1820 Scissors Blunt/Sharp EA 1
10. 6515-01-313-9633 Knife General Surgical EA 20
11. 6545-00-113-3722 Case 7¹/₂ x 4¹/₂ x 2³/₄" EA 1

Pouch #2

1. 6135-00-835-7210 Battery Nonrec 1.5 V EA 4
2. 6515-00-935-4088 Stethoscope adult size EA 1
3. 6515-01-039-0164 Case Sphygmomanometer EA 1
4. 6515-01-039-4884 Sphygmomanometer EA 1
5. 7210-00-935-6666 Blanket Light Weight EA 2
6. 7520-00-935-7135 Pen Ball-Point Black EA 1

Pouch #3

1. 6505-00-926-2095 Hydrocortisone Cream 1 oz TU 4
2. 6505-00-299-9535 Dibucaine Ointment 1 oz PG 2
3. 6505-00-491-7557 Povidone IOD CLN 4 oz BT 1
4. 6505-01-023-5011 Clotrimazole Cream 15 gr TU 2
5. 6510-00-913-7909 Band ADH .75 x 3" EA 10
6. 6510-00-926-8882 Adhesive Tape Surgical 1" RL 1
7. 6515-00-149-1405 Thermometer Clinical Oral EA 2
8. 6515-00-324-5500 Depressor Tongue 100s PG 0.2
9. 6545-00-853-6309 First Aid Kit Eye Drops EA 2

Pouch #4

Medications listed are issued IAW local command policy.

1. 6505-00-116-8350 Diphenhydramine Caps EA 1
2. 6505-00-149-0098 Pseudoeph HCL Tabs EA 4
3. 6505-00-926-9083 Atropine INJ 0.7 ml EA 10
4. 6505-01-017-1625 Acetaminophen Tabs BT 2
5. 6505-01-214-9061 Ibuprofen Tabs BT 1
6. 6505-01-274-0951 Diazepam INJ 2 ml EA 5
7. 6505-01-302-5530 Morphine Sulf INJ 10 ml EA 5
8. 6505-01-315-5357 Attapulgate Tabs PG 2
9. 6505-01-433-7370 Calcium Carbonate Tabs BT 1

Note: For Training Purposes: Use saline filled syringes in lieu of actual INJs.

IV Bag Compartment

1. 6505-01-330-6267 Ringer's INJ 1000 ml 12s EA 3

Large Compartment

1. 6505-01-330-6266 Ringer's INJ 500 ml EA 4
2. 6510-00-111-0708 Pad Nonadhesive 4.125 x 3.125" EA 12
3. 6510-01-010-0307 Pad Povidone-Iodine Impregnated EA 20
4. 6515-00-115-0032 Intravenous INJ Set EA 7
5. 6515-01-146-7794 Tourniquet Adult 14 x 1" EA 1
6. 6515-01-225-4681 Splint Universal 36 x 4.5" EA 1
7. 6515-01-239-2494 Catheter & Needle 14 ga EA 8
8. 6515-01-282-4878 Catheter & Needle 18 ga EA 8
9. 6530-01-249-6670 Disposal Container EA 2
10. 6545-01-161-1928 Bag Prot CS 13 x 11 x 24" EA 1

Combat Medic Resupply Bag Closed

Outside Pocket #1

1. 6510-00-202-0800 Gauze 18 x 3" EA 3
2. 6510-00-926-8882 Adhesive Tape Surgical 1" RL 1

3. 6510-01-408-1920 Dressing Chest Seal WD EA 2
4. 6515-00-226-7692 Gloves Exam Large PR 1
5. 6515-00-687-8052 Airway Pharyngeal 100 mm EA 1
6. 6515-00-958-2232 Airway Pharyngeal 80 mm EA 1

Outside Pocket #2

1. 6510-00-721-9808 Sponge Surge 4 x 4" EA 8
2. 6510-01-452-1743 Pad Cotton EA 1
3. 6515-01-225-4681 Splint Universal 36 x 4.5" EA 1
4. 6545-00-853-6309 First Aid Kit Eye DRS EA 1

Outside Pocket #3

1. 6510-00-159-4883 Dressing First Aid EA 6
2. 6510-00-935-5823 Bandage Elastic 6" x 4.5 yd EA 1

Outside Pocket #4

1. 6510-00-201-1755 Bandage 37 x 37 x 52" EA 9
2. 6510-00-201-7425 Dress FLD 11 $\frac{3}{4}$ " EA 1
3. 6510-00-201-7430 Dress FLD 7 $\frac{1}{2}$ x 8" EA 1

Appendix C

RECOMMENDED EQUIPMENT LISTS

Trauma Skills Scenarios (Tables I and II)

1. Simulated Trauma Casualty (STC)
2. Rigid cervical collar (different sizes)
3. Head immobilizer
4. Chest mannequin (needle decompression)*
5. Traction splint and splints (long, short)
6. Long spine board
7. Oxygen and adjuncts (bag-valve mask, non-rebreather mask)
8. Dressings (Kerlex, cravats, 4x4s, field dressings)
9. Gloves
10. Vehicle (organic to unit)
11. IV supplies (IV arm, tubing, catheters, fluids, tape, constricting band, alcohol/Betadine swabs, 2x2s, sharps container)

*** Only needed if STC does not have these capabilities.**

Medical Skills Scenarios (Tables III, IV, and V)

1. Simulated Trauma Casualty (STC)
2. CPR mannequin*
3. Nasal/oral airways (different sizes)
4. Bag-valve mask
5. Intubation head (placement of oral airway and oxygen adjuncts)*
6. Oxygen adjuncts (non-rebreather mask, nasal cannula, Combitube®)
7. Oxygen tank
8. Trainer Automatic External Defibrillator (AED) with pads
9. Gloves, alcohol/Betadine swabs, tape

10. 10-14G IV catheters, 35 to 60 cc Luer-Lock syringe, 3-way stopcock
11. Portable suction

*** Only needed if STC does not have these capabilities.**

Nuclear, Biological, and Chemical (NBC) Skills Scenarios (Table VI)

1. 2 protective masks with hoods
2. Oxygen masks (nonrebreather)
3. Bag valve mask
4. Canteen or IV bag for irrigation
5. 3 Mark I kit (trainer)
6. 1 diazepam autoinjector (trainer)
7. 1 stethoscope
8. 1 penlight
9. RDIC (if available)

Evacuation Skills Scenarios (Table VII)

1. Simulated Trauma Casualty (STC) (live casualty or mannequin)
2. Cervical collar
3. Kendrick's Extraction Device (KED) or short board
4. Long spine board
5. Head immobilizer or towel rolls
6. Gloves

GLOSSARY

AAR	After Action Reviews
AC	Hydrogen Cyanide (Blood Agent)
AED	Automated External Defibrillation
AEFSS	AMEDD Electronic Forms Support System
APFT	Army Physical Fitness Test
AHA	American Heart Association
ALICE	All-purpose Lightweight Individual Carrying Equipment
AMEDD	Army Medical Department
AMEDDC&S	U.S. Army Medical Department Center & School
APFT	Army Physical Fitness Test
AR	Army Regulation
ARTEP	Army Training and Evaluation Program
ASAP	As Soon As Possible
ASAT	Automated Systems Approach to Training
ATRRS	Army Training Requirements and Resource System
AVPU	Alert, Verbal, Pain, Unresponsive (related to level of consciousness)
BAL	British Antidote Lewisite
Battle's Sign	Associated with a basilar skull fracture which may include bruising behind the ear, possible leakage of clear or blood-tinged cerebral spinal fluid, and possible ecchymosis about the eye area on the fractured side. Caution must be exercised to avoid contamination of the leaking cerebral spinal fluid to prevent a retrograde infection (meningitis).
BP	Blood Pressure
BSI	Body Substance Isolation
BT	Bottle
BTLS	Basic Trauma Life Support
BVM	Bag-Valve Mask
CAPS	Capsules
CATS	Combined Arms Training Strategy

CD-ROM	Compact Disk Read-Only Memory: an approved departmental distribution medium used to distribute publications and forms.
CECBEMS	Continuing Education Coordinating Board for Emergency Medical Services
CEU	Continuing Education Units
CHS	Combat Health Support
CK	Cyanogen Chloride (Blood Agent)
CMV	Combat Medic Vest
CMVS	Combat Medic Vest System
CNS	Central Nervous System
Combat Lifesaver	Nonmedical soldier trained to provide lifesaving measures beyond the level of self-aid or buddy-aid
CPR	Cardiopulmonary Resuscitation
CPX	Command Post Exercise
CS	O-Chlorobenzylidene Malononitrile
CSF	Cerebrospinal Fluid
CTC	Combat Training Center
Curriculum	A course of study. An Army school curriculum consists of the course design, lesson plans, student evaluation plan, tests, course map, all other associated training materials, and the program of instruction.
CX	Phosgene Oxime
DA	Department of the Army
DA Pam	Department of the Army Pamphlet
DC	Direct Current
DCAP-BTLS	Deformities, Contusions, Abrasions, Punctures/ Penetration, Burns, Tenderness, Lacerations, Swelling
DMHRS	Defense Medical Human Resource System
DOD	Department of Defense
DOT	Department of Transportation
DNA	Deoxyribonucleic Acid
DTs	Delirium Tremens
Ea	Each
EMT	Emergency Medical Technician/Emergency Medical Treatment
EMT-B	Emergency Medical Technician-Basic

FORSCOM	US Army Forces Command
FLD	Field
FM	Field Manual
FTX	Field Training Exercise
GA	Tabun (a G-agent)
G-agent	Nerve Agent
GB	Sarin (a G-agent)
GD	Soman (a G-agent)
GF	Nerve Agent
GI	Gastrointestinal
Gr	Grain
H	European Countries' Term for HD (sulfur mustard)
HD	Sulfur Mustard (Blister Agent)
HR	Heart Rate
HT	Sulfur Mustard-T Mixture (Blister Agent)
HN-1	Nitrogen Mustard (Blister Agent)
HN-2	Nitrogen Mustard (Blister Agent)
HN-3	Nitrogen Mustard (Blister Agent)
HMMWV	High Mobility Multi-Wheel (Purpose) Vehicle
HX	History
IAW	In Accordance With
INJ	Injection/Injectable
IOD	Iodine
IV	Intravenous
JVD	Jugular Vein Distension
KED	Kendrick Extraction Device
KVO	Keep Vein Open
L	Left or Lewisite and Other Arsenical Vesicants (Blister Agent)
LG	Large
LS	Lacerations, Swelling
LIN	Line Item Number
LOC	Level of Consciousness
LPM	Liters per Minute

LR	Lactated Ringers
LSB	Long Spine Board
MEDS/MES	Medical Equipment Set
METL	Mission Essential Task List
MI	Myocardial Infarction
Min	Minute
Miosis	Pinpoint Pupils
ml	Milliliter
MODS	Military Occupational Data System
MOI	Mechanism (Method) of Injury
MOLLE	Modular Lightweight Load-Carrying Equipment
MOS	Military Occupational Specialty
MOPP	Mission Oriented Protective Posture
MSC	Motor Sensory and Circulation
MTF	Medical Treatment Facility
MTP	Mission Training Plan
MVC	Motor Vehicle Crash
NA	Not Applicable
NBC	Nuclear, Biological, Chemical
NCO	Noncommissioned Officer
NREMT	National Registry of Emergency Medical Technicians
NREMT-B	National Registry of Emergency Medical Technicians-Basic
NREMT-I	National Registry of Emergency Medical Technicians-Intermediate
NREMT-P	National Registry of Emergency Medical Technicians-Paramedic
NS	Normal Saline
OIC	Officer in Charge
OPFOR	Opposing Forces
OPQRST	Onset, Provokes, Quality, Radiation, Severity, Time
OPS	Operations
P	Pulse
Pg	Package
PA	Physician Assistant

PR	Pair
Priapism	Persistent erection of the penis that may result from spinal injury
Proficiency	Ability to perform a specific behavior (task, learning objective) to the established performance standard in order to demonstrate mastery of the behavior.
PT	Physical Training
R	Respiration or Right
RDIC	Resuscitation Device Individual Chemical
RL	Roll
RR	Respiratory Rate
SACMS-VT	Semi-Annual Combat Medic Skills Validation Test
SAMPLE History	S igns/symptoms, A llergies, M edications, P ertinent past History, L ast oral intake, E vents Leading to the Illness
SISS	Surgical Instrument and Supply Set Individual
S/S	Signs and Symptoms
Standard	A statement which establishes a criteria for how well a task or learning objective must be performed.
STP	Soldier Training Publication. Publications that contain critical tasks and other training information used to train soldiers and that serve to standardize individual training for the whole Army; provide information and guidance in conducting individual training in the unit; and aid the soldier, officer, noncommissioned officer (NCO), and commander in training critical tasks. They consist of Soldiers Manuals, Training Guides, Military Qualification Standards Manuals, and Officer Foundations Standards Systems Manuals.
STC	Simulated Trauma Casualty. A mannequin or moulaged soldier.
STX	Situational Training Exercise
Sustainment Training	The provision of training required to maintain the minimum acceptable level of proficiency necessary to accomplish a critical task.
TABS	Tablets
TADSS	Training Aids, Devices, Simulators, and Simulations
TC	Training Circular: Publications (paper or computer-based) that provide a means to distribute unit or individual soldier training information that does not fit standard requirements for other established types of training publications.

TOE	Table of Organization and Equipment
TRADOC	Training and Doctrine Command
TRD	Tenderness, Rigidity, and Distention
TSOP	To Keep Site Open/Tactical Standing Operating Procedures
TU	Tubes
VX	O-ethyl Methyl Phosphonothiolate (a V-agent)
V-agent	A Nerve Agent (in some countries V-agents are known as A-agents)

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BLANK SCENARIOS AND NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEVELOPMENT TOOL

For use of this form, see TC 8-800; the proponent agency is TRADOC.

SECTION 1 BLANK SCENARIOS: TRAUMA, MEDICAL, AND NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC)

PART 1. Trauma Scenario - (TABLES I - II)

Critical		Scenario Flow
	Condition: (Brief description of situation)	
*	Body Substance Isolation: (During combat may not apply)	
*	Scene Assessment:	
*	Mechanism of Injury: (What caused the injury?)	
*	Number of Casualties:	
*	Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Stabilize Spine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	General Impression of Casualty: (Condition casualty is encountered)	
*	Mental Status (LOC)	A P V U responsiveness
*	Chief Complaint:	
*	Airway: (Patent?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	O₂ Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____ Adjunct: Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____
*	Breathing:	Rate: ____/min Rhythm: _____ Quality: _____
*	Bleeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Pulses: (Palpable?)	Carotid: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
*	Skin:	Color:
		Temperature:
		Condition:
*	Signs and symptoms of shock?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Transport priority:	
*	Appropriate assessment	Focused or Rapid Trauma assessment

EVALUATORS GUIDELINE: By completing the **Scenario Flow** column with the information requested in Column 2, the evaluators can create their own scenario.

Rapid Trauma Assessment		
Head		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Neck		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Tracheal deviation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	JVD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	C-spine step-offs? (Applies cervical collar)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Chest		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Paradoxical motion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Breath sounds?	Absent / present / equal / diminished: _____ lobe
Abdomen		
	DCAP-TRD?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pelvis		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Instability and crepitus?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Level of pain?	
	Priapism?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extremities (1 point for each extremity)		
*	DCAP-BTLS and assessment of motor, sensory, and circulatory function	RUE: _____ LUE: _____ RLE: _____ LLE: _____
Posterior		
	DCAP-BTLS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Rectal bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	SAMPLE History	S:
		A:
		M:
		P:
		L:
	E:	
*	Baseline Vital Signs	P:
		R:
		BP:
*	Level of pain? Morphine?	Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> Level: _____ Morphine: Yes <input type="checkbox"/> No <input type="checkbox"/>

Perform a Detailed Physical Exam (performed during evacuation)

Scalp and Cranium

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Ears

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drainage (blood / clear fluid)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Face

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------	------------------------------	-----------------------------

Eyes

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discoloration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unequal pupils?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foreign bodies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Blood in anterior chamber?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Nose

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drainage (blood / clear fluid)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Mouth

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loose or broken teeth?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foreign objects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Swelling or laceration of the tongue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unusual breath odor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discoloration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Neck

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
JVD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tracheal deviation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Chest

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Breath sounds?	Absent / present / equal / diminished: _____ lobe	
Flail chest?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Abdomen

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TRD (Tenderness, Rigidity, and Distention)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pelvis

DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Instability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crepitus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Extremities (1 point for each extremity)		
DCAP-BTLS and assessment of motor, sensory, and circulatory function	RUE: _____ RLE: _____	LUE: _____ LLE: _____
Posterior		
DCAP-BTLS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Rectal bleeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manage Secondary Injuries		
*	Injuries found during survey	
Reassess Vital Signs		
Obtain Vital Signs	P: _____	
	R: _____	
	BP: _____	

PART 2. Medical Scenario - (TABLES III - IV - V)

Critical		Scenario Flow
	Condition: (Brief description of situation)	
*	Body Substance Isolation: (During combat may not apply)	
*	Scene Assessment:	
	Mechanism of Injury: (What caused the injury?)	
	Number of Casualties:	
	Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Stabilize Spine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	General Impression of Casualty:	
	Mental Status (LOC)	A P V U responsiveness
*	Chief Complaint:	
*	Airway: (Patent?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	O₂ Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____
	Breathing:	Rate = ____/min Quality: _____
*	Bleeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Control Bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Pulses: (Palpable?)	Carotid: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
*	Skin:	Color:
		Temperature:
		Condition:
	Transport priority:	
*	SAMPLE History	S:
		A:
		M:
		P:
		L:
		E:
	Baseline Vital Signs:	P:
		R:
		BP:
*	Interventions: (Casualty treatment?)	
*	Level of pain? Morphine?	Pain: Yes <input type="checkbox"/> No <input type="checkbox"/> Level: _____ Morphine: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Transport:	
	Detailed Physical Examination:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ongoing Assessment:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>

EVALUATORS GUIDELINE: By completing the **Scenario Flow** column with the information requested in Column 2, the evaluators can create their own scenario.

PART 3. Nuclear, Biological, and Chemical (NBC) Scenario - (TABLE VI)

Critical	Scenario Flow	
	Condition: (Brief description of situation)	
*	Body Substance Isolation; (During combat may not apply)	
*	Scene: (During combat may not apply)	
	Mechanism of Injury: (What caused the injury?)	
	Number of Casualties:	
	Assistance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Stabilize Spine:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	General Impression of Casualty:	
	Mental Status (LOC)	A P V U responsiveness
*	Chief Complaint:	
*	Airway: (Patent?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	O₂ Therapy	Yes <input type="checkbox"/> No <input type="checkbox"/> What? _____
	Breathing:	Rate = ___/min Quality: _____
*	Bleeding:	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Control Bleeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*	Pulses: (Palpable?)	Carotid: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LUE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
		RLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____ LLE: Yes <input type="checkbox"/> No <input type="checkbox"/> Quality: _____
*	Skin:	Color:
		Temperature:
		Condition:
	Transport priority:	
*	SAMPLE History	S:
		A:
		M:
		P:
		L:
		E:
<i>While medic is obtaining SAMPLE History the evaluator will call "All Clear"</i>		
	Decontamination	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Unmask	Self: Yes <input type="checkbox"/> No <input type="checkbox"/> Casualty: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Chemical/Biological Agent	
	Baseline Vital Signs	P:
		R:
		BP:
*	Interventions: (Casualty treatment?)	
	Transport:	
	Detailed Physical Examination:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Ongoing Assessment:	Verbalizes: Yes <input type="checkbox"/> No <input type="checkbox"/>

EVALUATORS GUIDELINE: By completing the Scenario Flow column with the information requested in Column 2, the evaluators can create their own scenario. Section 2, NBC Development Tool, contains NBC signs and symptoms.

BLANK SCENARIOS AND NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEVELOPMENT TOOL (cont.)

SECTION 2 NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEVELOPMENT TOOL

NUCLEAR, BIOLOGICAL, AND CHEMICAL SIGNS AND SYMPTOMS

	NERVE AGENTS				PULMONARY/CHOKING AGENTS
	MILD EXPOSURE		SEVERE EXPOSURE		
	Vapor	Liquid	Vapor	Liquid	Phosgene/Diphosgene
Symbols	GA, GB, GD, GF, VX				CG, DP
Mechanism of action	Anticholinesterase agents	Anticholinesterase agents	Anticholinesterase agents	Anticholinesterase agents	Lung damaging agent
Cardiovascular System	Occasionally early transient tachycardia and/or hypotension	Occasionally early transient tachycardia and/or hypotension	Occasionally early transient tachycardia and/or hypotension followed by bradycardia and hypotension	Cardiac arrhythmias, occasionally early transient tachycardia and/or hypotension followed by bradycardia hypotension	Shock after severe exposure, hypotension and tachycardia
Eyes	Pinpoint pupils (miosis), blurred vision	If direct contamination; miosis, lacrimation, redness	Miosis, lacrimation, pain focusing, redness	If direct contamination; miosis, lacrimation, pain focusing	Irritation. Lacrimation (after respiratory symptoms)
Skin		Sweating at exposure site		Excessive sweating, pallor, then cyanosis	Possible cyanosis following pulmonary edema
Nose/Throat	Rhinorrhea (runny nose), increased salivation	Rhinorrhea (runny nose), increased salivation	Rhinorrhea (runny nose), increased salivation	Rhinorrhea (runny nose), increased salivation	Irritation
Respiratory Tract	Tightness in chest, cough	Delayed onset; Tightness in chest, cough	Severe dyspnea -> Apnea, gurgling sound when breathing	Severe dyspnea -> Apnea, gurgling sound when breathing, bronchoconstriction	Coughing, choking, chest tightness on exposure. Latent period, then pulmonary edema, dyspnea, frothy sputum, pneumonia and fever
GI Tract	Salivation, anorexia, nausea, vomiting	Nausea, vomiting, abdominal cramps	Loss of bowel control, vomiting	Loss of bowel control, nausea, vomiting, epigastric tightness, abdominal cramps	Nausea, occasional vomiting after respiratory symptoms
Genito-Urinary	Frequent urination	Frequent urination	Loss of bladder control	Loss of bladder control	No effects
Central Nervous System	Apprehension, drowsiness, poor memory, insomnia, headache	Muscle twitching at exposure site, feeling of weakness	Same as mild exposure. Generalized muscular twitching, weakness, slurred speech paralysis, convulsions, coma	Same as mild exposure. Generalized muscular twitching, weakness, slurred speech paralysis, convulsions, coma, ataxia	Anxiety, depression
T R E A T M E N T	* Pre-treatment with pyridostigmine * (1) MARK I	* Pre-treatment with pyridostigmine * (1) MARK I	* Pre-treatment with pyridostigmine * (3) MARK I (5 minutes apart or mouth dryness and tachycardia is noted) * 1 CANA (diazepam) * Assist with ventilation * (BVM) (RDIC) * Suction secretions	* Pre-treatment with pyridostigmine * (3) MARK I (5 minutes apart or mouth dryness and tachycardia is noted) * 1 CANA (diazepam) * Assist with ventilation * (BVM) (RDIC) * Suction secretions	* Assist with ventilation (BVM) (RDIC) * Rest is a must * Plenty of Oxygen * Antibiotics * Corticosteroids (IV, inhale)

**SECTION 2
NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEVELOPMENT TOOL (cont.)**

NUCLEAR, BIOLOGICAL, AND CHEMICAL SIGNS AND SYMPTOMS

	VESICANTS/BLISTER AGENTS			BLOOD AGENTS
	Mustard	Lewisite	Phosgene Oxyme	Hydrogen cyanide/Cyanogen chloride
Symbols	H, HD, HT, HN-1, HN-2, HN-3	L	CX	AC, CK
Mechanism of action	Bone marrow depressant, alkylating agent, damage DNA	Vesicant, arsenical poisons	Powerful vesicant	Interferes with OXYGEN utilization at cellular level
Cardiovascular System	Shock after severe exposure	Shock after exposure, hemolytic anemia, hemoconcentration	No effects	Profound tachycardia
Eyes	Miosis, pain, redness, edema of lids, photophobia, lacrimation, corneal ulceration	Prompt redness, edema of lids, irritation, pain, immediate burning, corneal injury	Violently irritating, redness, lids edema, corneal injury with blindness, lacrimation	No effects
Skin	No immediate signs. After minutes to hours, redness and burning. Several hours later blisters surrounded by redness and itching. Several days later necrosis, generally limited to epidermis. Risk of secondary infection.	Prompt burning. Red within 30 minutes. Blister on 1st or 2d day. Pain worse and necrosis deeper than mustard agents.	Immediate severe irritation and intense pain. Within 1 minute the affected area turns white, surrounded by erythema. Blistered after 24 hours. Necrosis may occur. Long recovery.	Initially pinker than usual, may change to cyanosis
Nose/Throat	Swelling, irritation, ulceration, discharge, occasional edema of larynx	Prompt irritation	Very irritating to mucous membranes	No effects
Respiratory Tract	Slowly developing irritation, hoarseness, aphonia, cough, tightness, dyspnea, rales, pneumonia, and pulmonary edema in severe cases	Rapid irritation, hoarseness, aphonia, cough, pneumonia, fever, pulmonary edema, pleural edema in severe cases	Rapid irritation and coughing. Later pulmonary edema.	Deep respiration followed rapidly by dyspnea, gasping, then cessation of respiration
GI Tract	Pain, nausea, vomiting, diarrhea	Diarrhea, nausea, vomiting, hepatic failure	No effects	Nausea, vomiting
Genito-Urinary	No effects	Renal failure	No effects	No effects
Central Nervous System	Anxiety, depression	Anxiety, depression	Anxiety, depression	May have initial excitation; then depression, giddiness, headache, irrational behavior, ataxia, convulsion or coma
T R E A T M E N T	<ul style="list-style-type: none"> * Skin: Irrigate, local dressings and antibiotics * Assist with ventilation (non-rebreather, BVM, RDIC) * Eyes: Irrigate, antibiotics * IV fluids * Analgesics * GI: Phenergan for vomiting, itching, and edema 	<ul style="list-style-type: none"> * Skin: Irrigate, local dressings and antibiotics * Assist with ventilation (non-rebreather, BVM, RDIC) * Eyes: Irrigate, antibiotics * IV fluids, antidote (BAL) * Analgesics * GI: Phenergan for vomiting, itching, and edema 	<ul style="list-style-type: none"> * Skin: Irrigate, local dressings (with sodium bicarbonate) and antibiotics * Assist with ventilation (non-rebreather, BVM, RDIC) * Eyes: Irrigate, antibiotics * IV fluids * Analgesics * GI: Phenergan for vomiting, itching, and edema 	<ul style="list-style-type: none"> * Assist with ventilation (BVM) (RDIC) * Cyanide antidote: Nitrites, dicobalt edetate and thiosulphate

COORDINATORS CHECKLIST - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

The purpose of this checklist is to help the coordinator establish a quality control process for the evaluation. To achieve this, the coordinator (or designee) must personally oversee the various components of the SACMS-VT as presented in this checklist. Upon completing each control criterion, place a check in the space provided. If a check is not placed in the space provided, an explanation on why criterion was not met should be included on page 2 of this form. To ensure standardization of evaluation the coordinator should complete the checklist before an evaluation begins.

Evaluation Site: _____ Evaluation Date: _____
(YYYYMMDD)

A. ORGANIZATION OF THE EVALUATION

- Established three to five Simulated Trauma Casualties (STC)
- Scheduled the appropriate number of qualified skill station evaluators
- Reviewed qualification of skill station evaluators prior to the evaluation

B. FACILITIES

- Skill stations had adequate space to conduct the evaluation without interference
- Equipment was in working order
- An adequate variety of equipment was provided

C. SKILL STATION EVALUATORS

- Read and understood their role in the evaluation process
- Remained objective in recording each candidate's performance
- Did not introduce extraneous elements into the skill station
- Read the "Orientation Script" to each individual tested
- Did not show preference toward any agency or individual for any reason

D. ORIENTATION OF CANDIDATES AND SKILL STATION EVALUATORS

- Read the standardized orientation script clearly and completely
- Allowed adequate time for candidates to ask questions concerning the evaluation
- Oriented programmed STCs and Emergency Medical Treatment (EMT) assistance as required

E. CANDIDATES

- Instructed candidates concerning the practical evaluation re-test policy (per local Standing Operating Procedures (SOP))

F. SCORING THE PERFORMANCE

- Used proper criteria for determining the final grade of the candidate
- Recorded pass/fail on the Table VIII - Tracking Sheet, (DA Form 7442-R).

Signature Coordinator

EXPLANATION:

TRACKING SHEET - (TABLE VIII)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct student. Maintain a permanent record of completion.

ROUTINE USE: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	RANK	SSN	UNIT	
SACMS-VT TABLES	VALIDATED SKILLS PROFICIENCY			
I Trauma Assessment, Control Bleeding, Treat for Shock, IV Therapy	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
II Immobilization of Bone / Joint Injuries, Extraction	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
III Non-Trauma Assessment	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
IV Advanced & Basic Airway	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
V CPR: (1 & 2 Rescuers)/AED	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VI NBC Medical Skills	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VII Evacuation	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
VIII Validation Test	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL DATE _____ <i>(YYYYMMDD)</i> INITIALS _____
IDENTIFY SKILL SHEETS REQUIRING RETRAINING				
NCOIC/OIC SIGNATURE				

NOTE: The Commander will indicate the soldier can/cannot complete the SACMS-VT Tasks Requirement e.g., PCS, ETS, etc.

TRAUMA CASUALTY ASSESSMENT/MANAGEMENT SKILL SHEET (Table I)

For use of this form see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0155, Perform a Trauma Casualty Assessment, and Task 081-833-0174, Administer Morphine

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (<i>Last Name, First Name, MI</i>)	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
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CONDITION: Given a Combat Medic Vest System (CMVS) or All-purpose Lightweight Individual Carrying Equipment (ALICE), standard medical packing list, IV administration equipment with fluids, immobilization equipment, splints, oxygen, suction equipment, and 91W skill sheets. You encounter a casualty with suspected trauma injuries.

STANDARDS: The medic must perform an assessment, to include identification of all injuries in life threatening priority and stabilizing and transporting the casualty within 10 minutes without causing further injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (57 points) and not miss any critical criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes, verbalizes Body Substance Isolation precautions	1	

SCENE ASSESSMENT

*	Determines the safest route to access the casualty	1	
*	Determines mechanism of injury	1	
*	Determines number of casualties	1	
*	Requests additional help if necessary	1	
*	Considers stabilization of spine	1	

PERFORM AN INITIAL ASSESSMENT

	Verbalizes general impression of casualty	1	
*	Determines responsiveness/LOC	1	A V P U
*	Determines chief complaint/apparent life threats	1	

ASSESSSES AIRWAY AND BREATHING

*	Assesses airway (open/ patent/ adjunct)	1	
*	Assesses breathing (rate, rhythm and quality)	1	
*	Initiates appropriate oxygen therapy	1	

CIRCULATION

	Assesses skin (color, condition, and temperature)	1	
*	Assesses pulse	1	Rhythm and force
*	Assesses for and controls major bleeding	1	
	Treats for shock (as appropriate)	1	

EVALUATOR GUIDELINES: Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

IDENTIFY PRIORITY AND MAKE TRANSPORT DECISION					
		Selects appropriate assessment	Focused assessment or Rapid trauma assessment	1	
RAPID TRAUMA ASSESSMENT					
HEAD					
		Inspects for DCAP-BTLS		1	
		Palpates for crepitus		1	
NECK					
		Inspects for DCAP-BTLS		1	
*		Assesses for tracheal deviation		1	
		Assesses for JVD		1	
		Palpates C-spine for step-offs (applies cervical collar)		1	
CHEST					
		Inspects for DCAP-BTLS		1	
		Palpates for crepitus		1	
		Inspects for paradoxical motion		1	
*		Auscultates the breath sounds	Absent/present, equal	1	
ABDOMEN					
		Inspects for DCAP-TRD		1	
PELVIS					
		Inspects for DCAP-BTLS		1	
*		Compresses to detect instability and crepitus		1	
		Determines level of pain		1	
		Inspects for priapism		1	
EXTREMITIES (1 point for each extremity)					
*		Inspects for DCAP-BTLS and assessment of motor, sensory, and circulatory function		4	
POSTERIOR					
		Inspects for DCAP-BTLS		1	
		Inspects for rectal bleeding		1	
OBTAIN SAMPLE HISTORY/TRANSPORT/VITAL SIGNS					
*		Obtains SAMPLE History	S: A: M: P: L: E:	1	
*		Transports casualty within 10 minutes		1	
*		Obtains or directs assistant to obtain baseline vital signs	P- R- BP-	1	
*		Determines level of pain. Correctly prepares and administers morphine per indications.		1	
PERFORM A DETAILED PHYSICAL EXAM (Perfomed during evacuation)					
SCALP AND CRANIUM					
		Inspects for DCAP-BTLS		1	
		Palpates for crepitus		1	
EARS					
		Inspects for DCAP-BTLS		1	
		Inspects for drainage (blood/clear fluid)		1	

FACE				
		Inspects for DCAP-BTLS	1	
EYES				
		Inspects for DCAP-BTLS	1	
		Inspects for discoloration	1	
		Inspects for unequal pupils	1	
		Inspects for foreign bodies	1	
		Inspects for blood in anterior chamber	1	
NOSE				
		Inspects for DCAP-BTLS	1	
		Inspects for drainage (blood/clear fluid)	1	
MOUTH				
		Inspects for DCAP-BTLS	1	
		Inspects for loose or broken teeth	1	
		Inspects for foreign objects	1	
		Inspects for swelling or laceration of the tongue	1	
		Inspects for unusual breath odor	1	
		Inspects for discoloration	1	
NECK				
		Inspects for DCAP-BTLS	1	
		Inspects for JVD	1	
		Inspects for tracheal deviation	1	
*		Palpates for crepitus	1	
CHEST				
		Inspects for DCAP-BTLS	1	
		Palpates for crepitus	1	
*		Auscultates breath sounds	1	
		Inspects for flail chest	1	
ABDOMEN				
		Inspects for DCAP-BTLS	1	
		Palpates for TRD (Tenderness, Rigidity, and Distention)	1	
PELVIS				
		Inspects for DCAP-BTLS	1	
		Inspects for instability	1	
		Palpates for crepitus	1	
EXTREMITIES (1 point for each extremity)				
		Inspects for DCAP-BTLS and assessment of motor, sensory and circulatory function	4	
POSTERIOR				
		Inspects for DCAP-BTLS	1	
		Inspects for rectal bleeding	1	
MANAGES SECONDARY INJURIES				
*		Appropriately manages injuries found during survey	1	
REASSESS VITAL SIGNS				
		Obtains or directs assistant to obtain vital signs	P- R- BP-	1
TOTAL POINTS			81	
START TIME (HH:MM:SS)		STOP TIME (HH:MM:SS)		DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO

PERFORM NEEDLE CHEST DECOMPRESSION SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-3007, Perform Needle Chest Decompression

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (<i>Last Name, First Name, MI</i>)	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
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CONDITION: Given a CMVS or ALICE, standard medical packing list, and the following: Stethoscope, blood pressure cuff, 2 Asherman chest seals, 1 14- 16-gauge angiocath (minimum 2 inches in length), Betadine pad or stick, 2 field dressings, 1 10cc syringe, and skill sheets. You initiate emergency care to a conscious, breathing casualty with chest trauma who requires needle chest decompression.

STANDARDS: Complete all the steps necessary to perform needle chest decompression in order without causing unnecessary injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (12 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
VERIFY PRESENCE OF A TENSION PNEUMOTHORAX			
	Questions conscious casualty about pain on affected side, difficulty breathing, coughing up blood	1	
*	Observes for tracheal deviation and/or JVD	1	
	Observes casualty for dyspnea or progressive respiratory distress	1	
	Observes for unilateral distention	1	
*	Auscultates breath sounds	1	
*	Percusses unequal breath sounds for hyperresonance	1	
	Palpates the chest for subcutaneous emphysema	1	
LOCATE/CLEANSE INSERTION SITE			
*	Locates the second intercostal space at the midclavicular line on the affected side	1	
*	Begins in the center and works outward cleaning the site	1	
INSERT (10 to 14 gauge) NEEDLE WITH SYRINGE ATTACHED			
	Places the needle tip on the insertion site, bevel up	1	
	Lowers proximal end of the needle to allow the tip of the needle to enter the skin just above the third rib	1	
*	Firmly inserts needle into the skin until pleura is penetrated (evidenced by a "pop" as the tip of the needle enters the pleural space)	1	
DECOMPRESS THE CHEST			
*	Using the attached syringe aspirates as much air as possible	1	
NOTE: If using catheter over needle, the medic will leave catheter in place and remove needle			
NOTE: If using 3-way stopcock, the needle will remain in place			
INITIATE CLOSED CHEST DRAINAGE			
*	Uses underwater seal if available; Improvises using commercial flutter valve or glove finger	1	
*	Secures needle or catheter to the chest	1	
	Records the treatment on the appropriate form (verbalized)	1	
TOTAL POINTS		17	
START TIME (HH:MM:SS)	STOP TIME (HH:MM:SS)	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

BLEEDING CONTROL AND SHOCK MANAGEMENT SKILL SHEET (Table I)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0047, Initiate Treatment for Hypovolemic Shock, and Task 081-833-0161, Control Bleeding

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>Last Name, First Name, MI</i>	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
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CONDITION: Given a CMVS or ALICE, standard medical packing list, IV administration equipment with fluids, immobilization equipment, splints, oxygen, suction equipment, and 91W skill sheets. You encounter a casualty with a bleeding injury exhibiting signs and symptoms of hypoperfusion.

STANDARDS: The medic must control the casualty bleeding, identify the signs and symptoms of hypoperfusion, then attempt to prevent shock without causing further injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (10 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
	Uncovers wound (unless clothing stuck to wound or a chemical environment exists)	1	
	Applies field dressing	1	
	Applies direct pressure to wound	1	
	Elevates the extremity	1	

NOTE: The evaluator must now inform the medic that the wound continues to bleed

*	Applies additional dressing (pressure dressing) to the wound	1	
---	--	---	--

NOTE: The evaluator must now inform the medic that the wound still continues to bleed

	Locates and applies pressure to appropriate arterial pressure point	1	
--	---	---	--

NOTE: The evaluator must now inform the medic that the bleeding is now controlled

	Bandages the wound	1	
*	Did not apply a tourniquet before attempting other methods of bleeding control	1	

NOTE: The evaluator must now inform the medic that the casualty is now showing signs and symptoms indicative of hypoperfusion

	Properly positions the casualty	1	
*	Applies high concentration oxygen	1	
	Initiates steps to prevent heat loss from the casualty	1	
*	Indicates the need for immediate transportation	1	
*	Controlled hemorrhage in a timely manner	1	

TOTAL POINTS **14**

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

INTRAVENOUS (IV) SKILL SHEET (Table I)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0033, Initiate an Intravenous Infusion, and Task 081-833-0034, Manage a Patient with and Intravenous Infusion

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (*Last Name , First Name, MI*)

SOCIAL SECURITY NUMBER

DATE (*YYYYMMDD*)

CONDITION: Given a CMVS or ALICE, standard medical packing list, IV administration equipment with fluids, immobilization equipment, splints, oxygen, suction equipment, and 91W skill sheets. You encounter a casualty with suspected injuries.

STANDARDS: An intravenous infusion is initiated without causing further injury or unnecessary discomfort to the casualty. Do not violate aseptic technique. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (15 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
PREPARATION			
	Checks selected IV fluid: Proper fluid	1	
	Checks selected IV fluid: Clarity	1	
	Selects and inspects appropriate catheter	1	
	Selects and inspects proper administration set	1	
	Prepares administration set (fills drip chamber and flushes tubing)	1	
	Cuts or tears tape (at any time before venipuncture)	1	
PROCEDURE			
*	Takes (verbalizes) Body Substance Isolation and infection control precautions	BSI for medic and partner, maintains aseptic technique	1
	Applies constricting band	1	
	Palpates suitable vein	1	
	Cleanses site appropriately	1	
VENIPUNCTURE			
*	Inserts stylette (uses proper technique to prevent catheter shear or air embolism)	1	
	Notes or verbalizes flashback	1	
	Occludes vein proximal to catheter	1	
	Removes stylette	1	
	Connects IV tubing to catheter	1	
	Releases constricting band	1	
	Runs IV for a brief period to assure patent line	1	
	Secures catheter (tapes securely or verbalizes)	1	
	Adjusts flow rate as appropriate	1	
*	Disposes of needle in proper container (verbalizes disposal)	1	
*	Establishes a patent and properly adjusts IV in 6 minutes or less	1	
*	Does not contaminate equipment or site, or appropriately corrects the situation	1	
TOTAL POINTS		22	

START TIME
(*HH:MM:SS*)

STOP TIME
(*HH:MM:SS*)

DEMONSTRATED PROFICIENCY YES NO

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

IMMOBILIZATION (TRACTION) SKILL SHEET (Table II)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0141, Apply a Traction Splint

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given a CMVS or ALICE, standard medical packing list, IV administration equipment with fluids, immobilization equipment, splints, oxygen, suction equipment, and 91W skill sheets. You encounter a casualty with suspected femur fracture. A "combat lifesaver" is available.

STANDARDS: The medic must apply the splint without restricting circulation. The fracture is immobilized and traction is maintained throughout the procedure, minimizing the effect of the injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (12 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
	BSI for medic and partner		
	Directs application of manual stabilization of the injured leg	1	
	Directs the application of manual traction	1	
*	Assesses distal motor, sensory, and circulatory functions of the injured extremity	1	

NOTE: The evaluator acknowledges "motor, sensory, and circulatory functions are present and normal"

	Prepares/adjusts splint to the proper length (uninjured leg)	1	
	Positions the splint at the injured leg	1	
*	Applies the proximal securing device (ischial strap) before taking traction	1	
	Applies the distal securing device (ankle strap)	1	
	Applies mechanical traction	1	
*	Did not lose traction after applied	1	
	Positions/secures the support straps	1	
	Re-evaluates the proximal/distal securing devices	1	
*	Re-assesses motor, sensory, and circulatory function in the injured extremity	1	

NOTE: The evaluator acknowledges "motor, sensory, and circulatory functions are present and normal"

NOTE: The evaluator must ask the medic how he/she would prepare the casualty for transportation

	Verbalizes actions before securing the torso to the long board to immobilize the hip	1	
	Verbalizes actions before securing the splint to the long board to prevent movement of the splint	1	
*	Final immobilization supported the femur and/or prevented rotation of the injured leg	1	
*	Did not excessively rotate or extend the foot after splint was applied	1	

TOTAL POINTS **17**

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---------------------------------------	--

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the casualty's leg, application of manual traction is not necessary. The medic should be awarded 1 point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

SPINAL IMMOBILIZATION (SEATED) SKILL SHEET (Table II)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0092, Transport a Casualty with a Suspected Spinal Injury

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (*Last Name, First Name, MI*)

SOCIAL SECURITY NUMBER

DATE (*YYYYMMDD*)

CONDITION: Given a CMVS or ALICE, standard packing list, KED or short spine board equipment, and 91W skill sheets. You suspect a casualty has sustained a spinal injury; the casualty is seated in a vehicle and requires medical treatment.

STANDARDS: The medic must apply the splint without restricting circulation. The casualty is immobilized, minimizing the effect of the injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (11 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
*	Directs assistant to place/maintain head in the neutral in-line position	1	
*	Immediately directs assistant to maintain manual immobilization of the head	1	
*	Does not move the casualty excessively, causing potential spinal compromise	1	
*	Assesses distal motor, sensory, and circulatory functions in extremities	1	
	Applies appropriately sized extrication collar	1	
	Positions the immobilization device behind the casualty	1	
*	Does not move the immobilization device excessively up, down, left, or right on the casualty's torso	1	
*	Secures the device to the casualty's torso. (Did not inhibit chest rise resulting in respiratory compromise)	1	
*	Evaluates torso fixation and adjusts as necessary	1	
	Evaluates and pads behind the casualty's head to the device	1	
*	Secures the casualty's head to the device. Head must be in neutral position upon completion of immobilization preventing excessive movement	1	
*	Does not release manual immobilization before it is maintained mechanically	1	
	Verbalizes moving the casualty to a long board	1	
*	Re-assesses distal motor, sensory, and circulatory functions in extremities	1	
*	Head must not be immobilized prior to securing the torso, and it should be in neutral position upon completion of immobilization	1	
TOTAL POINTS		16	

START TIME
(*HH:MM:SS*)

STOP TIME
(*HH:MM:SS*)

DEMONSTRATED PROFICIENCY YES NO

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

SPINAL IMMOBILIZATION (SUPINE) SKILL SHEET (Table II)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0092, Transport a Casualty with a Suspected Spinal Injury

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given a CMVS or ALICE, standard packing list, immobilization equipment, and 91W skill sheets. You suspect a casualty has sustained a spinal injury.

STANDARDS: The medic must apply the splint without restricting circulation. The casualty is immobilized minimizing the effect of the injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (12 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions BSI for medic and partner	1	
*	Directs assistant to place/maintain head in the neutral in-line position	1	
*	Immediately directs assistant to maintain manual immobilization of the head	1	
*	Does not move the casualty excessively, causing potential spinal compromise	1	
*	Assesses distal motor, sensory, and circulatory functions in extremities	1	
	Applies appropriately sized extrication collar	1	
	Positions the immobilization device correctly	1	
	Directs movement of the casualty onto the device without compromising the integrity of the spine	1	
*	Does not move the casualty excessively up, down, left, or right on the device	1	
	Applies padding to voids between the torso and the board as necessary	1	
	Immobilizes the casualty's torso to the device	1	
	Evaluates the pads behind the casualty's head as necessary	1	
*	Immobilizes the casualty's head to the device. Head must not be immobilized prior to securing the torso, and should be in neutral position upon completion of immobilization	1	
	Secures the casualty's legs to the device	1	
	Secures the casualty's arms to the device	1	
*	Does not release manual immobilization before it is maintained mechanically	1	
*	Re-assesses distal motor, sensory, and circulatory functions in extremities	1	
TOTAL POINTS		17	

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

EXTRACT A CASUALTY SKILL SHEET (Table II)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0082, Triage Casualties on an Integrated Battlefield; Task 081-833-0080, Triage Casualties on a Conventional Battlefield; Task 081-833-0092, Transport a Casualty with a Suspected Spinal Injury; and Task 081-833-0155, Perform a Trauma Casualty Assessment

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given a CMVS or ALICE, standard packing list, immobilization equipment, and 91W skill sheets. You encounter a casualty that is inside a vehicle, and you suspect a spinal injury.

STANDARDS: The medic surveying the site and vehicle determines that the scene is safe. The medic applies a splint without restricting circulation. The casualty is immobilized minimizing the effect of the injury (can be combined with SPINAL STABILIZATION, SEATED). Casualty is removed from vehicle without causing additional injuries. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (5 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
	Considers stabilization of spine	1	
	Considers extraction priority (e.g., under fire, vehicle on fire)	1	
*	Gains access to the casualty	1	
	Identifies all injuries	1	
	Verbalizes proper treatment	1	
*	Stabilizes injuries for extraction	1	
*	Removes casualty from vehicle without causing additional injuries	1	
TOTAL POINTS		7	

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

DA FORM 7443-7-R, JUN 2002

USAPA V1.00

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MEDICAL ASSESSMENT/MANAGEMENT SKILL SHEET (Table III)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0156, Perform a Medical Patient Assessment, and Task 081-833-0174, Administer Morphine

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (<i>Last Name, First Name, MI</i>)	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
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CONDITION: Given a CMVS or ALICE, standard medical packing list, IV administration equipment with fluids, oxygen, suction equipment (if available), and 91W skill sheets. You encounter a casualty with a suspected medical condition.

STANDARDS: The medic must perform an assessment, identify all injuries in life threatening priority, and stabilize the casualty without causing further injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (27 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
	BSI for medic and partner		
SCENE ASSESSMENT			
*	Determines the safest route to access the casualty	1	
	Determines mechanism of injury/nature of illness	1	
	Determines number of casualties	1	
	Requests additional help if necessary	1	
	Considers stabilization of spine	1	
INITIAL ASSESSMENT			
	Verbalizes general impression of casualty	1	
*	Determines responsiveness/LOC	1	
	A V P U		
*	Determines chief complaint/apparent life threats	1	
ASSESSES AIRWAY AND BREATHING			
*	Assesses the airway (open/patent/adjunct)	1	
*	Assesses breathing (rate, rhythm, and quality)	1	
*	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilations as appropriate	1	
ASSESSES CIRCULATION			
*	Assesses skin (color, temperature, and condition)	1	
*	Assesses pulse (rhythm/force)	1	
*	Assesses/controls major bleeding	1	
	Treats for shock as appropriate	1	

EVALUATOR GUIDELINES: Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

IDENTIFIES PRIORITY CASUALTY/MAKES TRANSPORT DECISION							
*	Selects appropriate test			Focused History and Physical Exam or Rapid Assessment		1	
Focused History and Physical Exam/Rapid Assessment Obtains History of Present Illness (SAMPLE History)							
*	Obtains signs and symptoms			S-		4	
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	Poisoning/Overdose	Environmental Emergencies	Obstetrics	Behavioral
-Onset? -Provokes? -Quality? -Radiates? -Severity? -Time? -Interventions?	-Onset? -Provokes? -Quality? -Radiates? -Severity? -Time? -Interventions?	-Description of the episode -Onset? -Duration? -Associated symptoms? -Evidence of trauma? -Interventions? -Seizures? -Fever	-History of allergies? -What were you exposed to? -How were you exposed? -Effects? -Progression? -Interventions?	-Substance? -When did you ingest/become exposed? -How much did you ingest? -Over what time period? -Interventions? -Estimated weight? -Effects?	-Source? -Environment? -Duration? -Loss of consciousness? -Effects: General or local?	-Are you pregnant? -How long have you been pregnant? -Pain or contractions? -Bleeding or discharge? -Do you feel the need to push? -Last menstrual period? -Crowning?	-How do you feel? -Determine suicidal tendencies. -Is the casualty a threat to himself or others? -Is there a medical problem? -Interventions?
*	Obtains allergies history			A-		1	
*	Obtains medication history			M-		1	
*	Obtains pertinent past medical history			P-		1	
*	Asks about last oral intake			L-		1	
*	Asks about event leading to present illness			E-		1	
*	Performs focused physical exam (verbalizes assessment of affected body part)					1	
	Obtains or directs assistant to obtain baseline vital signs			P- R- BP-		1	
*	Assesses airway, breathing, and circulation before other detailed physical exam					1	
*	INTERVENTIONS: Provide medication, intervention, and treatment as needed					1	
*	Determine level of pain. Correctly prepares and administers morphine per indications					1	
	TRANSPORTS (re-evaluates the transport decision)					1	
	Verbalizes the consideration for completing a detailed physical exam					1	
ONGOING ASSESSMENT (Verbalized)							
	Repeats initial assessment/repeats vital signs					2	
	Repeats focused assessment regarding casualty complaint or injuries					1	
*	Does not administer a dangerous or inappropriate intervention					1	
TOTAL POINTS						38	
START TIME (HH:MM:SS)		STOP TIME (HH:MM:SS)		DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO			

AIRWAY MANAGEMENT UPPER AIRWAY ADJUNCTS AND SUCTION SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

**REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0016, Insert an Oropharyngeal Airway (J Tube);
Task 081-833-0142, Insert a Nasopharyngeal Airway; and Task 081-833-0021,
Perform Oral and Nasopharyngeal Suctioning of a Patient**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (<i>Last Name, First Name, MI</i>)	SOCIAL SECURITY NUMBER	DATE (<i>YYYYMMDD</i>)
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CONDITION: Given a CMVS or ALICE, standard medical packing list, airways, suction equipment, and 91W skill sheets. The casualty has inadequate respiration and a pulse.

STANDARDS: The medic must insert the correct sized oral/nasopharyngeal airway. The medic must also suction as necessary without causing further injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (11 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	

OROPHARYNGEAL AIRWAY

	Selects appropriate sized airway	1	
	Measures airway (corner of casualty's mouth to the tip of earlobe)	1	
*	Inserts airway without pushing the tongue posteriorly	1	
*	Obtains a patent airway	1	

NOTE: The evaluator must advise the medic that the casualty is gagging and becoming conscious

	Removes the oropharyngeal airway	1	
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SUCTION

NOTE: The evaluator must advise the medic to suction the casualty airway

	Turns on/prepares suction device	1	
	Assures presence of mechanical suction	1	
*	Inserts the suction tip without suction	1	
*	Applies suction to the oropharynx/nasopharynx, while pulling suction tip out	1	

NASOPHARYNGEAL AIRWAY

NOTE: The evaluator must advise the medic to insert nasopharyngeal airway

	Selects appropriately sized airway	1	
	Measures airway	1	
	Verbalizes lubrication of the nasal airway	1	
*	Fully inserts the airway with the bevel facing toward the septum	1	
*	Obtains a patent airway	1	

TOTAL POINTS **15**

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

BAG-VALVE-MASK SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-831-0048, Perform Rescue Breathing; Task 081-833-0158, Administer Oxygen; and Task 081-833-0018, Set Up an Oxygen Tank

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given a CMVS or ALICE, standard packing list, oxygen, suction equipment, and 91W skill sheets. The casualty has inadequate respiration and a pulse.

STANDARDS: The medic must ventilate the casualty with a bag-valve-mask system until spontaneous breathing returns, until a normal rate and depth of respiration is achieved, or until directed to stop by a physician. The procedure is performed without causing further injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (10 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
	Opens the airway	1	
	Inserts an airway adjunct per indication	1	
	Selects appropriately sized masks	1	
	Creates a proper mask-to-face seal	1	
*	Ventilates casualty at no less than 800 ml volume (The evaluator must witness for at least 30 seconds)	1	
*	Immediately ventilates casualty	1	
*	Connects reservoir and oxygen	1	
*	Adjusts liter flow to 15 liters/minute or greater	1	

NOTE: The evaluator indicates arrival of a second medic (EMT). The second medic is instructed to ventilate the casualty while the first medic controls the mask and the airway.

*	Verbalizes re-opening the airway	1	
*	Creates a proper mask-to-face seal	1	
*	Instructs second medic to resume ventilation at proper volume per breath (The evaluator must witness for at least 30 seconds)	1	
*	Second medic ventilates casualty at no less than 800 ml volume (The evaluator must witness for at least 30 seconds)	1	
*	Allows adequate exhalation	1	
*	Does not interrupt ventilation for more than 20 seconds	1	

TOTAL POINTS **15**

START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

OXYGEN ADMINISTRATION SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0158, Administer Oxygen, and Task 081-833-0018, Set Up an Oxygen Tank

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (*Last Name, First Name, MI*)

SOCIAL SECURITY NUMBER

DATE (*YYYYMMDD*)

CONDITION: Given a CMVS or ALICE, standard packing list, oxygen, suction equipment, and 91W skill sheets. The casualty has inadequate respiration and a pulse.

STANDARDS: The medic must set up an oxygen cylinder without violating safety precautions or endangering the casualty or self. Oxygen therapy is administered using a non-rebreather mask or nasal cannula to assist casualty breathing without causing further injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score 70% (10 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
*	Assembles the regulator to the tank	1	
	Opens the tank	1	
*	Checks for leaks	1	
	Checks for tank pressure	1	
	Attaches non-rebreather mask to oxygen	1	
*	Prefills reservoir bag	1	
*	Adjusts liter flow to 12 liters per minute or greater	1	
	Applies and adjusts the mask to the casualty's face	1	

NOTE: The evaluator must advise the medic that the casualty is not tolerating the non-rebreather mask. The medical director has ordered you to apply a nasal cannula to the casualty.

	Attaches nasal cannula to oxygen	1	
*	Adjusts liter flow to 6 liters per minute or less	1	
	Applies nasal cannula to casualty	1	

NOTE: The evaluator must advise the medic to discontinue oxygen therapy.

	Removes nasal cannula from the casualty	1	
	Shuts off the regulator	1	
	Relieves the pressure within the regulator	1	

TOTAL POINTS **15**

START TIME
(*HH:MM:SS*)

STOP TIME
(*HH:MM:SS*)

DEMONSTRATED PROFICIENCY YES NO

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

MOUTH-TO-MASK WITH SUPPLEMENTAL OXYGEN SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG Task 081-831-0048, Perform Rescue Breathing, and Task 081-833-0018, Set Up an Oxygen Tank

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given a CMVS or ALICE, standard packing list, airway adjuncts, oxygen, suction equipment, and 91W skill sheets. The casualty has inadequate respiration and a pulse.

STANDARDS: The medic must ventilate the casualty with a face mask and an oxygen delivery system until spontaneous breathing returns, until a normal rate and depth of respiration is achieved, or until directed to stop by a physician. The procedure is performed without causing further injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score 70% (7 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
	Connects 1-way valve to mask	1	
	Opens casualty's airway or confirms it is open (manually or with adjunct)	1	
	Establishes and maintains proper mask-to-face seal	1	
*	Ventilates the casualty at the proper rate (800-1200 ml per breath)	1	
*	Ventilates the casualty at the proper rate (10-20 breaths per minute)	1	
	Connects the mask to high concentration of oxygen	1	
*	Adjusts flow rate to at least 15 liters per minute or greater	1	
*	Continues ventilation of the casualty at the proper volume (800-1200 ml per breath)	1	
*	Continues ventilation of the casualty at the proper rate (10-20 breaths per minute)	1	
*	Allows for complete exhalation	1	

NOTE: The evaluator must witness ventilations for at least 30 seconds.

TOTAL POINTS	11	
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START TIME <i>(HH:MM:SS)</i>	STOP TIME <i>(HH:MM:SS)</i>	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO
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EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

INSERT A COMBITUBE® SKILL SHEET (Table IV)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0169, Insert a Combitube®

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER <i>(Last Name, First Name, MI)</i>	SOCIAL SECURITY NUMBER	DATE <i>(YYYYMMDD)</i>
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CONDITION: Given an Esophageal Tracheal Combitube®, a 50cc syringe, a 10cc syringe, gloves, eye protection, a bag valve mask (BVM), suction equipment, and assistant, and 91W skill sheets. The casualty will be an unconscious, nonbreathing casualty with no cervical spine injury, who requires the insertion of the Esophageal Tracheal Combitube®.

STANDARDS: The medic must insert the Combitube® within 20 seconds and successfully ventilate the casualty as needed without causing further injury to the casualty. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (18 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Takes (verbalizes) Body Substance Isolation precautions	1	
OXYGENATE			
*	Oxygenates the casualty with the BVM	1	
	Immediately resumes ventilations following unsuccessful intubation	1	
PREPARE THE COMBITUBE®			
*	Inspects the tube for breaks or cracks	1	
	Attaches the 50cc syringe to the pharyngeal (proximal) cuff and inflates with 100cc of air. Checks for leaks, then deflate completely	1	
	Attaches the 10cc syringe to the tracheal (distal) cuff and inflates with 15cc of air. Checks for leaks, then deflates completely	1	
NOTE: If a leak is present, replaces the Combitube®			
ASSUME POSITION			
*	Kneels above casualty's head facing the casualty's feet	1	
	Places casualty's neck in a neutral position	1	
INSERT THE COMBITUBE®			
	Ventilates the casualty twice	1	
	Lifts the jaw and tongue straight upward without hyper-extending the casualty's neck	1	
	Insert the tube blindly along the pharyngeal curve until the teeth are between the two black lines of the tube	1	
*	Inserts the tube without interrupting ventilations for more than 20 seconds	1	

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

CAUTION: The medic should never force the Combitube® at any time			
	Inflates the pharyngeal cuff with 100cc of air	1	
	Inflates the tracheal cuff with 10-15cc of air	1	
VENTILATE THE CASUALTY AND CHECK THE COMBITUBE® PLACEMENT			
	Attaches BVM to the esophageal connector (marked #1)	1	
*	Attempts to ventilate while listening for the absence of sounds in the epigastrium and the presence of breath sounds in the lungs	1	
	If breath sounds can be heard in the epigastrium and no sounds are heard in the lungs, the tube is in the trachea	1	
	Attaches the BVM to the tracheal connector (marked #2) and ventilates the casualty	1	
	Listens for the absence of sounds in the epigastrium and for the presence of breath sounds in the lungs	1	
	Ventilates the casualty every 3 to 5 seconds	1	
REMOVE THE COMBITUBE®			
NOTE: Inform the medic that the casualty regains consciousness or regains a gag reflex			
*	Ventilates the casualty twice	1	
	Turns the casualty to one side	1	
*	Deflates both cuffs completely	1	
*	Withdraws the Combitube® in one smooth motion following the curve of the pharynx	1	
	Immediately clears the casualty's airway of any vomitus	1	
TOTAL POINTS		25	
START TIME (HH:MM:SS)	STOP TIME (HH:MM:SS)	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	

CARDIAC ARREST MANAGEMENT AUTOMATED EXTERNAL DEFIBRILLATOR (AED) SKILL SHEET (Table V)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG Task, 081-833-3027, Manage Cardiac Arrest Using AED

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (<i>Last Name, First Name, MI</i>)	SOCIAL SECURITY NUMBER	DATE (YYYYMMDD)
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CONDITION: Given a CMVS or ALICE, standard medical packing list, IV administration equipment with fluids, immobilization equipment, splints, oxygen, AED, suction equipment, and 91W skill sheets. You encounter a casualty in cardiac arrest. CPR is in progress by combat lifesaver.

STANDARDS: The medic must set up, attach, and operate the AED and perform all steps in order without causing further injury to the casualty, buddy, or self. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (17 points) and not miss any critical (*) criteria on the skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
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ASSESSMENT

*		Takes (verbalizes) Body Substance Isolation precautions	1	
		Briefly questions the person about the arrest events	1	
		Directs combat lifesaver to stop CPR	1	
		Verifies absence of spontaneous pulse (Skill station evaluator states "no pulse")	1	
		Directs resumption of CPR	1	
		Turns on defibrillator (AED) power	1	
		Attaches automated defibrillator to the casualty (top: below right midclavicular, below: left midaxillary)	1	
		Directs person to stop CPR and ensures all individuals are clear of the casualty	1	
		Initiates analysis of the rhythm	1	
		Delivers shock (up to 3 successive shocks)	1	
		Assures all individuals are clear of casualty when delivering each shock	1	
		Operates the AED properly	1	Able to deliver shocks
		Does not prevent the AED from delivering the indicated stacked shocks	1	3 stacked shocks
		Verifies absence of spontaneous pulse (Skill station evaluator states "no pulse")	1	

TRANSITION

*		Directs resumption of CPR	1	
		Gathers additional information about arrest event	1	
		Confirms effectiveness of CPR (ventilations and compressions)	1	

EVALUATOR GUIDELINES: Disregard gray rows(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

INTEGRATION			
		Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway)	1
		Ventilates or directs ventilation of the casualty	1
		Assures high concentration of oxygen is delivered to the casualty	1
*		Assures CPR continues without unnecessary/prolonged interruption	1
		Re-evaluates casualty/CPR in approximately 1 minute	1
		Repeats defibrillator sequence	1
TRANSPORTATION			
		Verbalizes the transportation of casualty	1
TOTAL POINTS			24
START TIME (HH:MM:SS)		STOP TIME (HH:MM:SS):	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO

CARDIOPULMONARY RESUSCITATION (1-RESCUER) SKILL SHEET (Table V)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG Task 081-831-0018, Open the Airway; Task 081-831-0048, Perform Rescue Breathing; Task 081-831-0046, Administer External Chest Compressions; and Task 081-833-0158, Administer Oxygen. Source: American Heart Association.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER *(Last Name, First Name, MI)*

SOCIAL SECURITY NUMBER

DATE *(YYYYMMDD)*

CONDITION: Given a CMVS or ALICE standard packing list and 91W skill sheets. You have encountered an unconscious casualty in cardiac arrest.

STANDARDS: The medic must perform all steps (in proper order) necessary to restore breathing and pulse to an unconscious adult until relieved. **NOTE:** Per TC 8-800, the evaluated soldier must score 70% (6 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Establishes unresponsiveness	1	
	Activates the EMS system (civilian environment); request assistance in a tactical situation	1	
*	Opens airway (head tilt-chin lift or jaw thrust)	1	
*	Checks breathing (look, listen, feel) (if victim is breathing or resumes breathing, places in recovery position)	1	
*	Gives 2 slow breaths (1 1/2 to 2 seconds per breath), watches chest rise, allows for exhalation between breaths	1	
*	Checks carotid pulse. If breathing is absent but pulse is present, provides rescue breathing (1 breath every 5 seconds, about 12 breaths per minute)	1	
*	If no pulse, gives cycles of 15 chest compressions (Rate: 100 compressions per minute) followed by 2 slow breaths	1	
*	After 4 cycles of 15:2 (about 1 minute), checks pulse. If NO PULSE, continues 15:2 cycle beginning with chest compressions	1	
TOTAL POINTS		8	

START TIME
(HH:MM:SS)

STOP TIME
(HH:MM:SS)

DEMONSTRATED PROFICIENCY **YES** **NO**

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

CARDIOPULMONARY RESUSCITATION SKILL SHEET (2-RESCUERS) (Table V)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG Task 081-831-0018, Open the Airway; Task 081-831-0048, Perform Rescue Breathing; Task 081-831-0046, Administer External Chest Compressions; and Task 081-833-0158, Administer Oxygen. Source: American Heart Association.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (Last Name, First Name, MI)

SOCIAL SECURITY NUMBER

DATE (YYYYMMDD)

CONDITION: Given a CMVS or ALICE standard packing list and 91W skill sheets. You have encountered an unconscious casualty in cardiac arrest.

STANDARDS: With the assistance of a combat lifesaver, the medic must perform all steps (in proper order) necessary to restore breathing and pulse to an unconscious adult until relieved. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (5 points) and not miss any critical (*) criteria on skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	Establishes unresponsiveness EMS system (civilian environment) has been activated	1	
RESCUER 1			
*	Opens airway (head tilt-chin lift or jaw thrust)	1	
*	Checks breathing (looks, listens, feels) (if victim is breathing or resumes breathing, places in recovery position)	1	
*	Gives 2 slow breaths (1 1/2 to 2 seconds per breath), watches chest rise, allows for exhalation between breaths.	1	
*	Checks carotid pulse. If breathing is absent but pulse is present, provide rescue breathing (1 breath every 5 seconds, about 12 breaths per minute)	1	
RESCUER 2			
*	If no pulse, gives cycles of 15 chest compressions (Rate: 100 compressions per minute) followed by 2 slow breaths by Rescuer 1	1	
*	After 1 minute of rescue support, checks pulse. If NO PULSE, continues 15:2 cycles	1	
TOTAL POINTS		7	
START TIME (HH:MM:SS)	STOP TIME (HH:MM:SS)	DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO	

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

DA FORM 7443-16-R, JUN 2002

USAPA V1.00

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NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) SKILL SHEET (Table VI)

For use of this form, see TC 8-800; the proponent agency is TRADOC.

REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0083, Treat a Nerve Agent Casualty in the Field; Task 081-833-0084, Treat a Blood Agent (Hydrogen Cyanide) Casualty in the Field; Task 081-833-0085, Treat a Choking Agent Casualty in the Field; Task 081-833-0086, Treat a Blister Agent Casualty (Mustard, Lewisite, Phosgene Oxime) in the Field; and Task 081-833-0156, Perform a Medical Patient

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER (Last Name, First Name, MI)

SOCIAL SECURITY NUMBER

DATE (YYYYMMDD)

CONDITION: Given a CMVS or ALICE standard medical packing list, IV administration equipment with fluids, oxygen, suction ventilation equipment (if available), selected medications, 91W skill sheets and personal chemical protective equipment. You encounter a casualty complaining of symptoms consistent with chemical agent exposure. All other life threatening injuries have been treated. **CASUALTY EXPOSED TO:** _____

STANDARDS: The medic must perform an assessment, identify the causing agent of all injuries in life threatening priority and stabilize the casualty without causing further injury. **NOTE:** Per TC 8-800, the evaluated soldier must score at least 70% (24 points) and not miss any critical (*) criteria on the skill sheet.

Critical	PERFORMANCE STEPS	Points Possible	Points Awarded
*	MOPP level 4 Medic and casualty are wearing protective mask and hood. Casualty in MOPP4.	1	
INITIAL ASSESSMENT			
	Verbalizes general impression of casualty	1	
	Determines responsiveness/LOC A V P U	1	
*	Determines chief complaint/apparent life threats	1	
*	Assesses airway	1	
*	Assesses breathing	1	
	Assures adequate ventilation (breathing)	1	
*	Initiates appropriate oxygen therapy (if unmask or ASAP) or use RDIC if available	1	
ASSESSES CIRCULATION			
	Assesses for and controls major bleeding	1	
*	Assesses pulse	1	
	Assesses skin (color, temperature, and condition)	1	
*	Identifies priority casualties (triage category)/makes transport decision	1	

EVALUATOR GUIDELINES: Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

FOCUSED HISTORY AND PHYSICAL EXAM/RAPID ASSESSMENT				
OBTAINS SAMPLE HISTORY				
*		Obtains signs and symptoms		1
*		Obtains allergies history		1
*		Obtains medication history		1
*		Obtains past pertinent history		1
*		Asks about last oral intake		1
*		Asks about event leading to present illness		1
<i>While the medic is obtaining the SAMPLE History, the evaluator will call the "ALL CLEAR"</i>				
		Verbalizes decontamination of self and casualty (move to a NBC protected area if possible)		1
		Unmasks self and casualty		1
*		Verbalizes the correct agent (evaluator prompts the medic for this information)		1
		Performs focused physical exam (assesses affected body part or, if indicated, completes rapid assessment)		1
*		Obtains or directs assistant to obtain baseline vital signs	P- R- BP-	1
*		Takes appropriate interventions (for NBC or conventional injuries)	Oxygen Therapy Agent specific treatment	1
*		Provides all medical treatment in a non-contaminated environment		1
*		Makes transport decision		1
		Verbalizes the consideration for completing a detailed physical exam		1
ONGOING ASSESSMENT (verbalized)				
		Repeats initial assessment/repeats vital signs		2
		Repeats focused assessment regarding casualty complaint or injuries repeat		1
*		Verbalizes the need for NBC decontamination of the casualty		1
*		Assesses airway, breathing, and circulation <i>before</i> other detailed physical exam		1
*		Does not administer a dangerous or inappropriate intervention		1
TOTAL POINTS				33
START TIME: <i>(HH:MM:SS)</i>		STOP TIME: <i>(HH:MM:SS)</i>		DEMONSTRATED PROFICIENCY <input type="checkbox"/> YES <input type="checkbox"/> NO

EVACUATE A CASUALTY SKILL SHEET Table VII

For use of this form see TC 8-800; the proponent agency is TRADOC.

**REFERENCE: STP 8-91W15-SM-TG: Task 081-833-0092, Transport a Casualty with a Suspected Spinal Injury, and Task 081-833-0155, Perform a Trauma Casualty Assessment.
STP 21-24-SMCT: Task 081-831-0101, Request Medical Evacuation**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §3013

PRINCIPAL PURPOSE: To insure that test results are properly credited to the correct medic.

ROUTINE USES: This information will be used to monitor sustainment training IAW AR 350-41, AR 220-1, and MEDCOM 350-4.

DISCLOSURE: Mandatory. Failure to provide the requested information may result in a loss of credit for taking the test and a repeat of the test to make up that credit.

SOLDIER *(Last Name, First Name, MI)*

SOCIAL SECURITY NUMBER

DATE *(YYYYMMDD)*

CONDITION: Given a CMVS or ALICE standard packing list, equipment, unit's evacuation SOP, and 91W's skill sheets. You have encountered and treated casualties using the medical and or trauma assessments. Casualties must be evacuated from the site.

STANDARDS: Medic must triage all casualties in life threatening priority and sort casualties into proper evacuation categories, continue to stabilize the casualties without causing further injury. Transmit MEDEVAC request using proper radio procedures. NOTE: Per TC 8-800, the evaluated soldier must score 100% (4 points) and not miss any critical (*) criteria on skill sheet.

CRITICAL	PERFORMANCE STEPS	POINTS POSSIBLE	POINTS AWARDED
*	Takes (verbalizes) Body Substance Isolation precautions BSI for medic and partner	1	
*	Triage and prioritize casualties into evacuation categories	1	
*	Continues to asses and stabilize the casualties (verbalization)	1	
*	Transmits MEDEVAC request, arranges proper evacuation per unit SOP (e.g., from casualty collection point to BAS)	1	
TOTAL POINTS		4	

START TIME
(HH:MM:SS)

STOP TIME
(HH:MM:SS)

DEMONSTRATED PROFICIENCY

YES

NO

EVALUATOR GUIDELINES: Disregard gray row(s) when used with an assessment skill sheet. Use the checkbox column (second column) to check all performed steps. After completion of the skill, award the soldier the points indicated for that step and total all awarded points at the bottom of the column. Indicate if soldier demonstrated proficiency.

DA FORM 7443-18-R, JUN 2002

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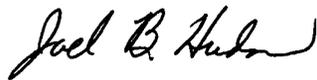
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TC 8-800
14 JUNE 2002

By Order of the Secretary of the Army:

ERIC K. SHINSEKI
General, United States Army
Chief of Staff

Official:



JOEL B. HUDSON
Administrative Assistant to the
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