

SKILLS ASSESSMENT CHECKLIST – BASIC TRAUMA MANAGEMENT

DATE : _____

LOCATION : _____

STUDENT NAME : _____

INSTRUCTOR NAME : _____

INSTRUCTION: This Skills Assessment Checklist should be used by an instructor to assess a student's ability to perform the FIVE LIFESAVING SKILLS required for the BTM Course. An instructor should use this form when performing a skill-by-skill assessment associated with the completion of a skills station. The student must "PASS (P)" all the critical tasks (marked as "C") on the checklist to successfully meet basic proficiency and pass the course.

Note that each of the skills below is subject to a performance Enabling Learning Objective within the complete list of Basic Trauma Management learning objectives, as noted below.

- Rapid Casualty Assessment (**ELO 10**)
- Tourniquet Application (**ELO 13**)
- Hemostatic Dressing (Wound Packing) (**ELO 16**)
- the Application of a Pressure Dressing and (**ELO 17**)
- Airway Manoeuvres (**ELOs 21 and 22**).

There is an additional (optional) assessment tool for team performance, testing the

- Non-Technical Skills (**ELOs 3, 6, 8, 9, 18, 19, 23**).

There is also an additional assessment tool for Complete Casualty Assessment.

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
1. RAPID CASUALTY ASSESSMENT (Scenario-Based) (ELO 10)		P	F	P	F
<i>Note that full description of assessment and management of each step is contained in the longer form skills checklists</i>					
1. Verbalized appropriate scene safety precautions to address immediate life threats.					
<ul style="list-style-type: none"> If the scene is not secure, the only action permissible is tourniquet application, preferably by casualty, and evacuation 					
<ul style="list-style-type: none"> Identified options for casualty movement, if necessary. 					
2. Assessed the casualty for responsiveness (AVPU), including voice commands and simple pain response assessment.					
<ul style="list-style-type: none"> Communicate and reassure casualty 					
3. Verbalized the meaning of MARCH and used the sequence to perform a casualty assessment.					
<ul style="list-style-type: none"> Performed a blood sweep on the casualty to identify life-threatening bleeding. 					
<ul style="list-style-type: none"> Immediate action to manage massive haemorrhage 					
<ul style="list-style-type: none"> Assessment of patient airway and manual manoeuvres in case of obstruction or fluid/aspiration risk 					
<ul style="list-style-type: none"> Checked casualty's respiratory function visually, including front and back of chest. Identification of all thoracic wounds. 	C				
<ul style="list-style-type: none"> Checked radial pulse and signs of shock (pale skin, confusion, dizziness) 					
<ul style="list-style-type: none"> Took action to prevent or treat hypothermia 					
4. Verbalized the necessary lifesaving interventions in the correct order based on the casualty assessment scenario.	C				
5. Described secondary injuries that may be present (eye trauma, head injury, burns, or fractures) and identified the appropriate interventions.	C				
6. Communicated findings and medical aid provided to medical responders.	C				
7. Documented medical aid rendered on a DD Form 1380, TCCC Card or on the casualty's forehead if the DD 1380 is not available.	C				
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
2. TOURNIQUET APPLICATION (ELO 13)		P	F	P	F
1. Slid the injured arm or leg through the loop of the self-adhering band or wrapped the band around the extremity and pulled the free end through the routing buckle to control life-threatening bleeding from a wound in a location where a tourniquet can be applied.					
2. Positioned a tourniquet above a severely bleeding wound; leaving at least 2-3 inches of uninjured skin between the tourniquet and the wound site or placing the tourniquet high and tight.	C				
3. Pulled the self-adhering band TIGHT, fastening it back on itself, and twisted the windlass rod until the tourniquet stopped the bleeding within 1 minute.	C				
4. Checked for a pulse in the arm/leg after the tourniquet had been applied.					
5. Locked the windlass rod inside the windlass clip securing it; ensured that the band did not untwist.	C				
6. Re-checked the tourniquet to make sure that the bleeding has not started again, and the pulse is still absent.					
7. Routed the self-adhering band between the clips and around the rod.					
8. Secured the windlass rod and self-adhering band under the windlass safety strap.	C				
9. Wrote the time of tourniquet application on the windlass safety strap (and on the DD Form 1380 Tactical Combat Casualty Care (TCCC) Card or forehead).					
10. Avoid the following errors					
• Improper placement (not major bleeding)					
• Not placed fast enough (>1 minute)					
• Strap not pulled tight enough					
• Windlass rod not twisted tight enough					
• Time not marked on tourniquet					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
3. WOUND PACKING AND PRESSURE BANDAGE		P	F	P	F
1. Exposed the wound, if not previously exposed.	C				
2. Located the source of the active bleeding and applied direct pressure.					
3. Removed the hemostatic gauze from its sterile package.					
4. Located site of active arterial bleeding before applying haemostatic gauze					
5. Packed the hemostatic gauze tightly into the wound directly over the site of the active bleeding	C				
<ul style="list-style-type: none"> • If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object. 					
<ul style="list-style-type: none"> • Ensure complete wound cavity is packed 					
<ul style="list-style-type: none"> • Ensure pressure is maintained at site of active bleeding while packing occurs 					
6. After packing, continued to apply firm, manual pressure until the bleeding stopped. Held continuous direct pressure for a minimum of 3 minutes.	C				
7. Reassessed to ensure bleeding had been controlled while maintaining pressure.					
8. If bleeding had NOT been controlled: (a) If packed with hemostatic dressing, removed prior packing material and repacked starting at step 3. (OR) (b) If packed with gauze, applied additional gauze and pressure (for 3 minutes) until bleeding stopped.					
9. Removed the pressure bandage from the pouch and packaging.					
10. Placed the pad (bandage) directly on the wound, or any dressing previously applied, continuing to apply direct pressure.	C				
11. Wrapped the pressure/elastic bandage tightly around the extremity, focusing pressure over the wound and ensuring that the edges of the pad were covered.	C				
12. Secured the hooking ends of the Velcro or closure bar onto the last wrap of the bandage.					
13. Checked for circulation below the pressure bandage by feeling for distal pulse (a pulse below the bandage).					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
4. AIRWAY MANEUVERS (ELOs 21 and 22)		P	F	P	F
1. Assessed the casualty for responsiveness (AVPU).					
2. Opened the mouth and looked for visible airway obstructions (e.g., lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).					
3. Removed any foreign material or vomit in the mouth as quickly as possible.					
4. Performed the head-tilt/chin-lift maneuver.	C				
5. Performed the jaw thrust maneuver.	C				
6. Reassessed the casualty's airway status and respiratory rate/effort and determined whether or not the airway was open (Look, Listen, and Feel).					
7. Examined the casualty's chest and abdomen, and rolled them to expose their back, looking for signs or symptoms of penetrating or open chest wounds.					
8. Placed a conscious casualty in a sitting or recovery position OR an unconscious casualty in the recovery position.					
DEMONSTRATED BASIC PROFICIENCY:	YES		NO		
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
5. JAW THRUST / HEAD TILT + CHIN LIFT		P	F	P	F
1. Rolled the casualty onto their back, if necessary, and placed the casualty on a hard, flat surface.					
2. Assessed the casualty for responsiveness (AVPU).					
3. Knelt above the casualty's head (looking toward the casualty's feet).					
4. Opened the mouth and looked for visible airway obstructions (e.g., lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).	C				
5. Removed any foreign material or vomit in the mouth as quickly as possible.					
<i>either</i>					
6. Rested your elbows on the ground or floor.					
7. Placed one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears.	C				
8. Stabilized the casualty's head with your forearms.					
9. Used the index fingers to pull the jaw up while using the thumbs to push the casualty's chin forward.	C				
<i>either</i>					
10. Place one hand on the patient's forehead and the other under the chin.					
11. Tilt the forehead back whilst lifting the chin forward to extend the neck.					
12. Maintained the open airway position, placed an ear over the casualty's mouth and nose, looking toward the chest and stomach.	C				
13. Looked for the chest to rise and fall.					
14. Listened for air escaping during exhalation.					
15. Felt for the flow of air on the side of your face.					
16. Measured the respiratory rate.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
6. NON-TECHNICAL SKILLS (ELOs 3, 6, 8, 9, 18, 19, 23)		P	F	P	F
1. An appropriate recognition of the distinction between CUF (red zone) and TFC (amber zone) zones.	C				
2. Demonstration of an evaluation of safety before entering the CUF zone	C				
3. Identified options for casualty movement, if necessary					
4. An effective and optimally safe evacuation of the casualty	C				
5. Demonstration of assignment of a team leader and appropriate team structure and task designation	C				
6. Clear communication between team leader and team members	C				
7. Effective use of IFAKs, including their state of readiness	C				
8. Situational awareness, including patient comfort and change in condition, and team performance	C				
9. Appropriate attempt to summarise and communicate patient status (following MARCH algorithm) as part of evacuation preparation	C				
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
7. COMPLETE TRAUMA ASSESSMENT		P	F	P	F
1. Performed Care Under Fire (CUF).	C				
a. Directed the casualty to move to cover and apply self-aid, if able.					
b. Performed a casualty drag/carry to move an unresponsive or immobile casualty to cover or to a secure site as the tactical situation permitted.					
c. Extracted casualties from sources of burning and moved them to safety.					
d. Stopped the burning process as necessary.					
e. Applied a high & tight limb tourniquet over the uniform and proximal (above) to the bleeding site(s) using the casualty's JFAK and supplies.					
f. No additional medical actions taken during CUF					
14. Performed Tactical Field Care (TFC).	C				
a. Established security perimeter/maintained tactical situational awareness.					
b. Triageed casualties as required.					
c. Took weapons/communication equipment from casualties with altered mental status.					
d. Donned Personal Protective Equipment					
15. Verbalized the meaning of MARCH PAWS and used the sequence to perform a casualty assessment.					
16. Assessed and treated Massive hemorrhage. Assessed for unrecognized hemorrhage and controlled all sources of bleeding.	C				
a. Thorough check of junctional and limb areas for massive haemorrhage, including neck, axilla and groin					
b. Applied a tourniquet directly to the skin, 5-8cm (2-3 inches) above the bleeding site if not previously done in CUF, or tightened tourniquet applied in CUF or applied a second tourniquet side-by-side if bleeding was not controlled with the first tourniquet.					
c. Applied improvised junctional hemorrhage control techniques using hemostatic dressing(s) to hemorrhage not amenable to a tourniquet.					
17. Assessed and secured the Airway.	C				
a. Opened the mouth and looked for visible airway obstructions (e.g., lacerations, obstructions, broken teeth, burns, or swelling or other debris, such as vomit).					
b. Removed any foreign material or vomit in the mouth as quickly as possible.					

c. Assessed the casualty for responsiveness (AVPU), including voice commands and simple pain response assessment.					
d. Allowed conscious casualty to assume any position of comfort that facilitates breathing and protects the airway.					
e. Used head-tilt/chin-lift or jaw-thrust maneuver to open airway, if needed.					
18. Assessed Respiration.					
a. Looked for chest wounds on front and back of chest	C				
b. Applied a chest seal in the presence of an open chest wound.	C				
c. Burped the chest seal.					
19. Assessed Circulation.					
a. Reassessed tourniquets and/or wound packings after each movement.					
b. Assessed for pelvic fracture and informed medical personnel.					
c. Assessed for hemorrhagic shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse).	C				
20. Prevented and treated Hypothermia (active/passive).	C				
a. Minimized casualty exposure to the environment.					
b. Employed active warming measures, if available.					
c. Used passive warming measures if active warming device was unavailable.					
21. Assessed for Head injury.					
a. Checked for signs and symptoms of a head injury.					
b. Reported observations to medical personnel.					
22. Performed the MARCH sequence in the correct order.	C				
23. Covered the eye with a rigid eye shield					
24. Controlled Pain with paracetamol 1g or meloxicam 15mg for conscious casualties who can swallow.					
25. Treated additional Wounds.					
a. Inspected and dressed additional wounds (e.g., lacerations), as necessary.					
b. Assessed/treated burns with dry, sterile dressings and hypothermia prevention.					
c. Assessed for open fractures or significantly deformed limbs					
26. Document: Recorded all treatment on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
27. Prepared for evacuation.					
a. Secured all loose bandages, equipment, blankets, etc.					
b. Secured litter straps as required; considered additional padding, as needed.					

c. Provided instructions to ambulatory patients as needed.					
d. Staged casualties for evacuation and identified litter team(s).					
DEMONSTRATED BASIC PROFICIENCY:	YES		NO		
NOTES:					