

SKILLS ASSESSMENT CHECKLIST – INTERMEDIATE 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 ☐ LIFESAVING SKILLS required for the ITM 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.

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
COMMUNICATION OF CASUALTY INFORMATION		P	F	P	F
1. Communicated with the casualty, if possible, to encourage, reassure, and explain care.	C				
2. Communicated with tactical leadership as soon as possible and throughout casualty treatment as needed.	C				
3. Provided leadership with casualty status and evacuation requirements to assist with coordinating evacuation assets.	C				
4. Communicated with the evacuation system (the Patient Evacuation Coordination Cell) to arrange for TACEVAC.					
5. Communicated with medical providers on the evacuation asset (if possible) and relayed mechanism of injury, injuries sustained, signs/symptoms, and treatments rendered.	C				
6. Recorded all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
WOUND PACKING AND PRESSURE BANDAGE		P	F	P	F
1. Exposed the wound, if not previously exposed.	C				
2. Located the source of the most active bleeding and applied direct pressure.					
3. Removed the hemostatic gauze from its sterile package.					
4. Packed the hemostatic gauze tightly into the wound directly over the site of the most active bleeding. CAUTION: If a penetrating object was lodged into the casualty's body, bandaged it in place. Did not remove the object.	C				
5. After packing, continued to apply firm, manual pressure until the bleeding stopped. Held continuous direct pressure for a minimum of 3 minutes.	C				
6. Reassessed to ensure bleeding had been controlled while maintaining pressure.					
7. 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.					
8. Removed the pressure bandage from the pouch and packaging.					
9. Placed the pad (bandage) directly on the wound, or any dressing previously applied, continuing to apply direct pressure.	C				
10. 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				
11. Secured the hooking ends of the Velcro or closure bar onto the last wrap of the bandage.					
12. 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	
JUNCTIONAL HAEMORRHAGE CONTROL		P	F	P	F
1. Exposed the injury and assessed the bleeding source.					
2. Applied direct pressure to the source of the most active bleeding (if possible).					
3. Removed hemostatic dressing from its sterile package, while maintaining direct pressure.					
4. Packed the wound tightly with hemostatic gauze until the wound cavity was filled.					
5. Finished the packing within 90 seconds.					
6. Ensured gauze extended 1–2 inches above the skin.					
7. Held pressure for a minimum of 3 minutes.					
8. Reassessed to ensure bleeding had been controlled while maintaining pressure.					
9. 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.					
10. Placed an elastic bandage over the dressing, leaving enough tail to tie it into a knot.					
11. While maintaining pressure on the dressing/gauze, wrapped the pressure (or elastic) bandage (no less than 1–1½ times) over the packing material, ensuring it was covered completely.					
12. Wrapped diagonally across the body or pelvis under the opposite arm or leg and back over the wound.					
13. Secured the dressing by tying a non-slip knot with the end of the elastic bandage and its tail.					
14. Secured elastic bandage tails with tape, wrapping the tape a minimum of 1–1½ times around the knot.					
15. Continued to assess the wound for further bleeding.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
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. Knelt above the casualty's head (looking toward the casualty's feet).					
3. 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				
4. Removed any foreign material or vomit in the mouth as quickly as possible.					
<i>either</i>					
5. Rested your elbows on the ground or floor.					
6. Placed one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears.	C				
7. Stabilized the casualty's head with your forearms.					
8. Used the index fingers to pull the jaw up while using the thumbs to push the casualty's chin forward.	C				
<i>either</i>					
9. Place one hand on the patient's forehead and the other under the chin.					
10. Tilt the forehead back whilst lifting the chin forward to extend the neck.					
11. Maintained the open airway position, placed an ear over the casualty's mouth and nose, looking toward the chest and stomach.	C				
12. Looked for the chest to rise and fall.					
13. Listened for air escaping during exhalation.					
14. Felt for the flow of air on the side of your face.					
15. Measured the respiratory rate.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
NPA INSERTION		P	F	P	F
1. Placed the casualty supine (on their back) with their head in a neutral position.					
2. Inspected the nose and nasal passages for any obstructions that would prevent insertion of an NPA.	C				
3. Opened the NPA device provided in the casualty's JFAK.					
4. Lubricated the end of the NPA device with the sterile water-based lubricating jelly found in the JFAK or with water.	C				
5. Exposed the opening of the casualty's right nostril by pushing the tip of the nose upward gently ("piggy the nose")	C				
6. Positioned the tube so that the bevel (pointed end) of the device faces toward the septum (the strip of skin inside the nose that separates the nostrils).	C				
7. Inserted the NPA device into the right nostril (at a 90-degree angle to the casualty's face) with the beveled tip pointed toward the middle of the nose.	C				
8. Advanced the NPA until the flange (flared end) is flush with the nostril using a fluid movement pushing toward the ground.	C				
9. Reassessed breathing and respiration by using the look, listen, and feel technique to assess for air movement after the NPA was in place.					
10. Positioned the casualty: (a) Placed a casualty who was awake in a sitting or recovery position (whichever is most comfortable). (b) Placed an unconscious casualty in the recovery position to prevent aspiration of blood, mucus, or vomit.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
ONE-PERSON BAG VALVE MASK (BVM)		P	F	P	F
1. Positioned yourself at the top of the patient's head.					
2. Inserted a nasopharyngeal airway (NPA).					
3. Assembled the BVM (connected the mask to port on the bag).					
4. Performed an "EC" technique (using one hand) to hold the mask in place over the patient's mouth by: (a) Forming the "C" by placing your thumb over the part of the mask covering the bridge of the nose and your index finger over the part covering the cleft of the chin. (b) Sealing the mask firmly on the face by pushing down with the thumb and index finger while pulling up on the mandible to form the "E" with the other three fingers, opening the airway by performing the headtilt, chin-lift maneuver.					
5. Maintained a leakproof mask seal with one hand by using firm pressure to hold the mask in position and sealed over the patient's mouth.					
6. Squeezed the bag with your other hand for 1–2 seconds while observing the chest rise to make certain lungs are inflating effectively.					
7. Continued squeezing the bag once every 5–6 seconds (10–12 breaths/minute).					
8. Continued ventilation, observed for spontaneous respirations, and periodically checked the pulse.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
TWO-PERSON BAG VALVE MASK (BVM)		P	F	P	F
1. Positioned yourself at the top of the casualty's head, and your partner to the side of the casualty's head.					
2. Inserted a nasopharyngeal airway (NPA).					
3. Assembled the BVM (connected the mask to port on the bag).					
4. Placed the mask over the casualty's mouth and nose.					
5. Placed your little, ring, and middle fingers along the mandible (lower jaw).					
6. Placed your thumb on the upper portion of the mask above the valve connection.					
7. Placed your index finger on the lower portion of the mask under the valve connection.					
8. With your other hand, duplicated the above steps on the other side (mirror image).					
9. Held the mask in place with both hands to achieve a leakproof seal.					
10. The second rescuer slowly squeezed the BVM with two hands for 1–2 seconds until the chest rose.					
11. Observed for rise and fall of the patient's chest. (a) If the chest did not rise, repositioned the mask to ensure a good seal. Tilted the head and lifted the chin to open the airway. (b) If the chest rose and fell, continued with step 12.					
12. Squeezed once every 5–6 seconds (10–12 breaths/minute).					
13. Continued ventilations, observed for spontaneous respirations, and periodically checked the pulse.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
CHEST SEAL		P	F	P	F
1. Exposed and uncovered any chest wounds.					
2. If multiple wounds were found, treated them in the order in which you found them.					
3. Placed hand or back of hand over open chest wound to create a temporary seal.					
4. Fully opened the outer wrapper of the commercial chest seal or other airtight material.	C				
5. Removed and used the 4x4 gauze from the chest seal package or other airtight material to wipe away any dirt, blood, or other fluid.	C				
6. Peeled off the protective liner, exposing the adhesive portion of the seal.	C				
7. Placed the adhesive side directly over the hole as the casualty exhaled, pressing firmly to create a seal.	C				
8. Ensured that the adhesive (sticky) surface of the chest seal adhered to the skin, 2 inches beyond the edges of the wound.	C				
9. Assessed the effectiveness of the vented chest seal when the casualty took a breath.	C				
10. Checked/felt for additional open chest wounds by using a raking motion (anterior/front, axillary/armpit, and posterior/back) and treated them the same way with additional chest seals, if needed.					
11. Placed a conscious casualty in a sitting position or in a position of comfort that best allowed the casualty to breathe; placed an unconscious casualty with their injured side down in the recovery position.					
12. Monitored for signs of a tension pneumothorax, significant torso trauma followed by severe/progressive respiratory distress.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
NEEDLE DECOMPRESSION OF THE CHEST (NDC)		P	F	P	F
1. Assessed the casualty for signs of suspected tension pneumothorax.					
2. Verbalized burping or removing (if improperly applied, replacing the seal) a previously applied chest seal, and reassessed the casualty.	C				
3. Identified the site for needle insertion on the side of injury: NOTE: Used either of two sites (whichever one was most accessible): (a) The fifth intercostal space in the anterior axillary line on the side of the injury or decreased breath sounds. (b) The second intercostal space at the midclavicular line on the side of the injury or decreased breath sounds.	C				
4. Used the appropriate needle catheter (either 10 or 14 gauge, 3¼ inches).	C				
5. If available, used antiseptic solution or a pad to clean the site.	C				
6. Removed the Leuer lock cap from the needle catheter (if applicable).	C				
7. Inserted the needle just over the top of the lower rib at the insertion site, at a 90-degree angle (perpendicular) to the chest wall, advancing it to the hub.	C				
8. Left the needle in place for 5–10 seconds to allow decompression to occur; then removed the needle, leaving the catheter in place.	C				
9. Assessed for successful NDC by: (a) Noting improved respiratory distress. (b) Hearing an obvious hissing sound as air escaped from the chest when NDC was performed.	C				
10. Performed a second NDC on the same side of the chest at whichever of the two recommended sites was not previously used if the first NDC failed to improve the casualty's signs/symptoms.	C				
11. Continued reassessing the casualty for reoccurrence of progressive respiratory distress.	C				
12. If the second NDC was also not successful, continued onto the Circulation section of the MARCH (Massive bleeding, Airway, Respiration, Circulation, Hypothermia/Head) sequence.	C				
13. Placed the casualty in a position of comfort or recovery position with injured side down.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
HYPOTHERMIA TREATMENT		P	F	P	F
1. Minimized the casualty's exposure to the elements.					
2. Ensured bleeding was controlled.	C				
3. Assessed for hemorrhagic shock by looking for severe blood loss, altered mental status in the absence of a head injury, weak or absent radial (wrist) pulse, rapid or shallow breathing, pale skin or blotchy blue as shock progresses, sweaty but cool skin, confusion, restlessness or nervousness, nausea, and/or vomiting.					
4. Opened the active heating blanket and removed it.	C				
5. Exposed any active heating blanket to air (per manufacturers' guidance).	C				
6. Removed any wet clothes and replaced them with dry clothes/ other dry materials, if possible.					
7. Removed the warming shell (if applicable), opened completely, and placed the casualty centered on the shell.					
8. Applied the active heating blanket to the casualty.	C				
9. If an active heating blanket was not available, placed passive warming materials (blanket, etc.) under and on the casualty.	C				
10. Wrapped the entire blanket-like shell (or passive warming materials) completely around the casualty, including the head.					
11. Secured the shell/blanket with tape.					
12. Monitored the casualty closely for life-threatening conditions.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
PENETRATING EYE INJURY		P	F	P	F
1. Placed the casualty in a comfortable position, one that allowed you access to their eye (head). Removed their headgear, if necessary.					
2. Examined the eyes for any deformities, contusions, abrasions, penetrating objects, bruising (black eye(s)), lacerations, or swelling.					
3. Performed a rapid field test of visual acuity.					
4. Covered the casualty's injured eye with a rigid eye shield (not a pressure patch).					
5. Secured the rigid eye shield with tape at a 45-degree angle across the forehead and cheek.					
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
BURN TREATMENT		P	F	P	F
1. Eliminated the source of the burn.	C				
2. Uncovered the burn after the casualty had been removed from the source of the burn. (a) Cut clothing around the burned area. (b) Gently lifted clothing away from the burned area.	C				
3. Removed jewelry (rings, watches) and placed them in the casualty's pockets, if the casualty's hand(s) or wrist(s) had been burned.					
4. Applied sterile, dry dressings to burned skin areas.	C				
5. Kept the casualty warm and prevented hypothermia.	C				
6. Monitored the casualty closely for life-threatening conditions, checked for other injuries, and treated for shock (if applicable).					
DEMONSTRATED BASIC PROFICIENCY:		YES		NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
SPLINT APPLICATION		P	F	P	F
1. Identified the location of the fracture.					
2. Checked the distal pulse (pulse below the fracture) and capillary refill (color returning to the nail bed after pressing on it) on the injured extremity before applying the splint.	C				
3. Prepared the splint materials for application on the opposing uninjured extremity.	C				
4. Measured and shaped the splint on the opposing, uninjured extremity.					
5. Prepared securing materials (cravats, elastic wraps/bandages, etc.).					
6. Applied the splint to the injured extremity with the limb, in the position of function (a normal resting position), if possible.	C				
7. Secured the splint in place with appropriate materials.	C				
8. Ensured the joints above and below the fracture are immobilized in the splint whenever possible.	C				
9. Rechecked the distal pulse following application of the splint.	C				
DEMONSTRATED BASIC PROFICIENCY:	YES			NO	
NOTES:					

PERFORMANCE STEPS		1 st attempt		2 nd attempt	
TACTICAL 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.					
2. 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					
3. Verbalized the meaning of MARCH PAWS and used the sequence to perform a casualty assessment.					
4. Assessed and treated Massive hemorrhage. Assessed for unrecognized hemorrhage and controlled all sources of bleeding.	C				
a. Applied a tourniquet directly to the skin, 2–3 inches above the bleeding site if not previously done in CUF, or applied a second tourniquet side-by-side if bleeding was not controlled with the first tourniquet.					
b. Applied improvised junctional hemorrhage control techniques using hemostatic dressing(s) to hemorrhage not amenable to a tourniquet.					
5. 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.					

f. Inserted a nasopharyngeal airway (NPA) in an unconscious or semiconscious casualty.					
6. 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. Assessed for tension pneumothorax.					
d. Burped the chest seal.					
e. Performed needle decompression in the presence of tension pneumothorax.					
f. Reassessed to confirm needle decompression was successful.					
7. 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				
8. 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.					
9. Assessed for Head injury.					
a. Checked for signs and symptoms of a head injury.					
b. Reported observations to medical personnel.					
10. Performed the MARCH sequence in the correct order.	C				
11. Covered the eye with a rigid eye shield and administered the Combat Wound Medication Pack (CWMP) for suspected penetrating eye injury.					
12. Controlled Pain.					
a. Administered the CWMP to conscious casualty who could swallow.					
b. Referred to medical personnel if pain was severe.					
13. Administered Antibiotic(s).					
a. Administered the CWMP for any open wounds to conscious casualty who could swallow.					
b. Referred to medic if the casualty could not swallow (in shock/unconscious).					
14. 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.					
15. Splinted any fractures without disrupting any impaled objects.					
16. Communicated: Transmitted the 9-Line MEDEVAC information.					
a. Communicated with the casualty, if possible.					
b. Communicated with tactical leadership and reported ASAP lines 3, 4, and 5.	C				
c. Communicated with the evacuation system to arrange for Technical Evaluation Care (TACEVAC).					
d. Communicated with medical providers and relayed MIST report.					
17. Document: Recorded all treatment on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
18. 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:					