

PERFORM AN EMERGENCY MEDICAL TECHNICIAN TRAUMA ASSESSMENT

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

TABLES: I
REFERENCES: STP 8-68W13-SM-TG, Task: 081-833-0053, Perform an EMT Trauma Assessment

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army training Leadership and Development.
PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in

1. **Soldier** (Last Name, First Name, MI) 2. **Date** (YYYYMMDD)

SCENARIO:

You are responding to an emergency call for a motor vehicle collision with injuries. You must perform a thorough and systematic primary and rapid trauma assessment for this trauma patient in order to guide your decision-making process as to how to best manage this patient.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Performed a scene size-up.						
(1). Took body substance isolation precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2). Determined if the scene is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3). Determined the mechanism of injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4). Determined the number of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5). Requested additional assistance if deemed necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6). Considered stabilization of C-spine based on evaluation of the Mechanism of injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performed a primary assessment.						
(1). Formed a general impression of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2). Determined responsiveness/assessed the patient's mental status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3). Assessed the airway (<i>look, listen, feel</i>). Suctioned and placed airway adjunct, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4). Assessed the breathing (<i>rate, rhythm, quality</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5). Assessed circulation (<i>controlled life threatening bleeding, checked pulse, treated shock</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6). Made a status/transport priority decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Performed a rapid trauma assessment.						
(1). Continued spinal immobilization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2). Assessed the head.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**PERFORM AN EMERGENCY MEDICAL TECHNICIAN TRAUMA ASSESSMENT
GRADING SHEET (cont'd)**

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures (cont'd)						
c. Performed a Rapid Trauma Assessment (cont'd)						
(3). Assessed the neck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4). Assessed the chest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5). Assessed the abdomen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6). Assessed the pelvis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7). Assessed the extremities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8). Assessed the posterior (<i>log rolls with spinal precautions</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Obtained SAMPLE History/Transport/Vital Signs						
(1). Obtained a SAMPLE History (<i>prior to leaving the scene</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2). Transported the casualty within 10 minutes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3). Obtained vital signs (<i>pulse, respirations, blood pressure</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performed a Detailed Physical Examination During Transport						
(1). Assessed the scalp and cranium (<i>DCAP-BTLS / TIC</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2). Assessed the ears (<i>DCAP-BTLS / fluid drainage</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3). Assessed the face (<i>DCAP-BTLS</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4). Assessed the eyes (<i>DCAP-BTLS / pupils</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5). Assessed the nose (<i>DCAP-BTLS / fluid drainage</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6). Assessed the mouth (<i>DCAP-BTLS / tongue / odors</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7). Assessed the neck (<i>DCAP-BTLS / JVD / tracheal deviation</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8). Assessed the chest (<i>DCAP-BTLS / TIC / auscultates</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9). Assessed the abdomen (<i>DCAP-BTLS / TRD</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10). Assessed the pelvis (<i>DCAP-BTLS / crepitus or instability</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11). Assessed the extremities (<i>DCAP-BTLS / pulse, motor, sensation x 4</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12). Assessed the posterior (<i>DCAP-BTLS / rectal bleeding</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13). Managed secondary injuries found during survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(14). Reassessed vital signs (<i>pulse, respirations, blood pressure</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(15). Documented the assessment on the appropriate medical form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORM A PATIENT ASSESSMENT (EMT-B): TRAUMA
GRADING SHEET (cont'd)**

4. Demonstrated Proficiency Yes No

5. Start Time	6. Stop Time	7. Initial Evaluator
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8. Start Time	9. Stop Time	10. Retest Evaluator
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11. Start Time	12. Stop Time	13. Final Evaluator
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14. Remarks