

APPLY A HEMOSTATIC DRESSING

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

TABLE: I
REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0211, Apply a Hemostatic Dressing.

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 IAW AR 40-68, AR 220-1 and AR 350-1.
ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.
DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

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

SCENARIO:

Your squad is moving through a built-up area when a sniper opens up on the rear guard striking him in the leg. Once the sniper has been eliminated, you move back to the patient's position. He appears alert and is screaming in pain. The squad automatic weapon gunner is applying direct pressure to a large gunshot wound in the patient's upper thigh. You determine that this type of bleeding is best controlled by a hemostatic agent. You must apply a hemostatic dressing to control the hemorrhage.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Measures						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exposed the injury by cutting away the patient's clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opened the sterile package and removed the dressing without contaminating the cream-colored portion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Placed the cream-colored sponge portion of the dressing directly onto the wound and packed the wound where the bleeding is the heaviest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Held pressure on the dressing for 3 minutes or until the dressing adhered to the wound and bleeding stopped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Applied a pressure dressing over the hemostatic dressing to secure it in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

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

14. Evaluator's Comments

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