

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) |
|-----------------------------------------------------|-------------------------------|------------------------|

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 | | | |