EFMB Test Score Sheet

T1 — TREAT MASSIVE HEMORRHAGE

(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Treat Massive Hemorrhage

CONDITIONS: Given three casualties with potential significant extremity and junctional wound hemorrhage in a simulated combat environment with the necessary materials to treat the casualties.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

TASK BASIS: 081-000-0049, 081-000-0048, 081-COM-1054, 081-68W-0081, 081-68W-0079, 081-68W-0091, 081-000-0064, 081-COM-0099, 081-000-0100, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Perform care under fire procedures.			
a. Take cover. Return fire before providing medical treatment.			
b. Direct the casualties to return fire, move to cover, and apply self-aid if able.			
c. Determine the scene safety/security.			
NOTE: Despite fire superiority being gained during the care under fire phase of care, it does not mean that the enemy threat has been eliminated. You must exercise caution when maneuvering to casualties utilizing available cover, concealment, and suppressive fire. If the tactical situation permits have the casualties move to your position exercising the same caution.			
d. Determine the number and location of the injured and severity of their injuries.			
e. Assess the casualties for life threatening extremity hemorrhage.			
NOTE: Once fire superiority has been gained begin assessing and treating life threatening hemorrhage.			
2. Apply a hasty tourniquet utilizing the Combat Application Tourniquet (CAT) to control bleeding.			
a. Route the free running end of the CAT under the injured limb and through the friction adaptor. (If using a Gen-6 or earlier model of the CAT, the free running end must run through both openings of the friction adapter).			
b. Position the CAT high on the extremity over the clothing/uniform.			
c. Pull the free running end of the self-adhering band tight and securely fasten it back on itself. Do not adhere the band past the windlass clip.			
d. Twist the windlass rod until bleeding has stopped.			
EVALUATOR STATES: "THE BRIGHT RED BLEEDING HAS STOPPED," AFTER CANDIDATE TWISTS WINDLASS TO AVOID INJURY TO THE SIMULATED CASUALTY.			
CAUTION: Do NOT over-tighten the tourniquet on the simulated casualty.			
e. Lock the windlass rod in place with the windlass clip.			
f. Grasp the windlass strap, pull it tight and adhere it to the Velcro on the windlass clip.			
g. Do not cover the tourniquet.			
3. Tactically transport the casualty, their weapon, and mission-essential equipment to cover, as required.			
4. Immediately recheck the bleeding control measures.			

5. Perform tactical field care procedures.			
a. Establish a security perimeter.			
b. Determine the casualty's level of consciousness. (Alert, Verbal, Pain, Unresponsive - AVPU)			
c. Immediately remove the weapon and communication equipment from any casualty with an altered mental status, if applicable.			
6. Assess for unrecognized hemorrhage.			
NOTE: Candidates will test on one junctional wound. They will complete step 7, 8, or 9 on one patient.			
7. Treat an inguinal wound with a pressure dressing.			
a. Expose the injury, assess, and check for an exit wound.			
b. Pack inguinal wound with Combat Gauze and hold pressure for 3 minutes.			
c. Ensure the gauze extends 1-2 inches above the skin (if gauze does not extend 1-2 inches above skin place additional gauze), and flex the casualty's knee slightly.			
d. Feed a cravat under the casualty's belt on the injured leg.			
e. Tighten casualty's belt, if applicable.			
f. Place elastic bandage over the cravat and the dressing leaving a tail.			
g. Wrap the wound circumferentially, ensuring all packing material is covered and that the elastic bandage is over the top of the free running end of the cravat.			
h. Continue to wrap the wound, wrapping on alternating sides of the tail, while maintaining tension/pressure. Cover all packing material and secure the dressing by tying a non-slip knot with the end of the elastic bandage and tail.			
i. Secure the tails and knots of the elastic bandage with 3 inch tape, wrapping a minimum of 1-1/2 times around.			
j. Pull cravat upwards towards belt, secure using a non- slip knot, and straighten leg.			
k. Swathe legs together 2-3 inches above the knee.			
l. Continue to assess wound for further bleeding.			
8. Treat an axillary wound with a pressure dressing.			
a. Expose the injury, assess, and check for an exit wound.			
b. Pack axillary wound with Combat Gauze and verbalize assistant to hold pressure for 3 minutes.			
c. Ensure the gauze extends 1-2 inches above the skin (if gauze does not extend 1-2 inches above skin place additional gauze).			
d. Place 6" elastic bandage over shoulder, leaving tail parallel to arm on injured side, with remainder of elastic bandage wrap the wound cover all packing material going in anterior direction.			
e. Pull elastic bandage taut over packing material and wrap tightly around injured shoulder (minimum of 3 wraps).			
f. Maintaining tension, continue to wrap across back anchoring on opposite shoulder in a "Figure 8" pattern.			
g. Secure and tie a non-slip knot to the remainder of elastic bandage tails.			
h. Secure elastic bandage tails and knot with 3 inch tape wrapping a minimum of 1-1/2 times around tail and knot.			
i. Swathe arm to torso.			

j. Continue to assess wound for further bleeding.			
9. Treat a neck wound using a pressure dressing.			
a. Expose the injury, assess, and check for an exit wound.			
b. Pack neck wound with Combat Gauze and verbalize to direct the assistant to hold pressure for 3 minutes.			
c. Ensure the gauze extends 1-2 inches above the skin (if gauze does not extend 1-2 inches above the skin, place additional gauze).			
d. Place 6" elastic bandage over the dressing leaving a tail. Wrap the elastic bandage, covering the packing material, in anterior direction under the opposite arm.			
e. Continue to wrap around neck and under arm pulling elastic bandage tightly for pressure, covering all packing material.			
f. Secure dressing by tying a non-slip knot with end of elastic bandage and tail.			
g. Secure elastic bandage tails and knot with 3 inch tape wrapping a minimum of 1-1/2 times around tail and knot.			
h. Swathe arm to torso.			
i. Continue to assess wound for further bleeding.			
10. Did not cause further injury to the casualty.			
11. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?	YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

EFMB Test Score Sheet
T2 — AIRWAY MANAGEMENT
(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Airway Management

CONDITIONS: Given three casualties with potential compromised airway in a simulated combat environment with the necessary materials to treat the casualties

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

TASK BASIS: 081-000-0067; 081-000-0122; 081-000-0008, 081-000-0074, 081-COM-1023, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Take body substance isolation (BSI) precautions.			
2. Assess the patient's airway.			
a. Open the patient's airway using the head tilt chin lift or the jaw thrust maneuver.			
b. Determine if the airway is patent. Look, listen, and feel for respirations.			
3. Suction the airway if available and applicable.			
4. Insert a nasopharyngeal airway (NPA).			
a. Ensure the casualty is supine with the head in a neutral position.			
b. Assess nasal passages for apparent obstruction.			
EVALUATOR STATES: "NASAL PASSAGES ARE NOT OBSTRUCTED," or "NASAL PASSAGES ARE OBSTRUCTED."			
c. Select the appropriately sized adjunct by measuring the NPA from the tip of the nose to the bottom of the earlobe.			
d. Lubricate the tube with a water-based lubricant or tap water.			
e. Insert the NPA.			
f. Secure the NPA.			
5. Reassess the patient's airway.			
EVALUATOR STATES: "AIRWAY IS PATENT," or "AIRWAY IS NOT PATENT."			
6. Insert an i-gel extraglottic airway (EGA).			
a. Select the appropriate size EGA.			
b. Lubricate the gel-filled cuff and remove excess lubricant.			
c. Ensure the patient's airway is in alignment using the head tilt chin lift or jaw thrust.			
d. Use the scissor technique to open the patient's mouth.			
e. Hold the device by the bite block and introduce the soft tip into the patient's mouth towards the hard pallet with a continuous but gentle push until a definitive resistance is felt.			
EVALUATOR STATES: "THE PATIENT'S GAG REFLEX IS INTACT."			
7. Perform a surgical cricothyroidotomy.			

a. Prepare all equipment prior to beginning procedure.			
b. Identify the cricothyroid membrane between the cricoid and thyroid cartilages.			
c. Clean the site with alcohol wipe.			
d. Stabilize the larynx with non-dominant hand. Confirm landmarks with index finger.			
e. Make a 1 inch vertical incision through the skin over the cricothyroid membrane.			
f. Reconfirm cricothyroid membrane with index finger.			
g. Turn scalpel horizontally and poke through the cricothyroid membrane. Make a ½ inch incision.			
h. Insert tracheal hook and elevate the cricoid cartilage.			
i. Insert the end of the tube fully into the trachea and direct towards the lungs. Remove obturator (if applicable). If using an endotracheal tube (ETT), insert ¼ - 1 inch beyond the cuff.			
j. Inflate the cuff with 10 ml of air.			
k. Ventilate the casualty twice with a BVM and auscultate the apex of the right and left lung and watch for equal rise and fall of the chest to confirm tube placement.			
***EVALUATOR STATES*:** “You hear breath sounds in all lung fields” if the intervention is placed properly. or “No breath sounds are heard in all lung fields” if the intervention is improperly placed. Candidate may correct tube placement.			
l. Assess casualty for spontaneous respirations (must count for 10 seconds). Attach pulse oximeter to casualty.			
NOTE: If respirations are <8, >30, or has a pulse oximeter reading <90% the patient **MUST** be assisted with ventilations.			
***EVALUATOR STATES*:** “In 10 seconds you observed ___ respirations and the patient has a pulse oximeter reading of ___.			
m. Correctly identify if ventilations are required.			
n. Apply a dressing around the tube.			
o. Secure the device to the casualty around the casualty’s neck with strap or tape.			
8. Did not cause further injury to the casualty.			
9. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?	YES

LANE OIC/NCOIC INITIALS	EVALUATOR’S SIGNATURE	DATE

EFMB Test Score Sheet
T3 — RESPIRATION MANAGEMENT
(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Respiration Management

CONDITIONS: Given three casualties with potential torso trauma in a simulated combat environment with the necessary materials to treat the casualties.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

TASK BASIS: 081-COM-0069, 081-68W-0075, 081-000-0037, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Take body substance isolation (BSI) precautions.			
2. Expose and access the torso.			
3. Manually and visually sweep for penetrating chest wounds.			
4. Treat all penetrating chest wounds on the anterior of the patient.			
a. If using a vented chest seal.			
(1) Use gauze to clean the area around the wound.			
(2) Adhere the vented chest seal over the wound during exhalation ensuring the vent is located over the wound, while removing the protective paper liner.			
b. If using a non-vented occlusive dressing.			
(1) Use gauze to clean the area around the wound.			
(2) Adhere the occlusive dressing over the wound during exhalation while removing the protective paper.			
(3) Ensure the occlusive dressing extends 2 inches beyond the wound on all sides.			
5. Log roll the patient and treat all penetrating chest wounds on the posterior of the patient.			
a. If using a vented chest seal.			
(1) Use gauze to clean the area around the wound.			
(2) Adhere the vented chest seal over the wound during exhalation ensuring the vent is located over the wound, while removing the protective paper liner.			
b. If using a non-vented occlusive dressing.			
(1) Use gauze to clean the area around the wound.			
(2) Adhere the occlusive dressing over the wound during exhalation while removing the protective paper.			
(3) Ensure the occlusive dressing extends 2 inches beyond the wound on all sides.			
6. Reassess each previous intervention.			
7. Monitor patient for signs and symptoms of a tension pneumothorax.			
a. Severe or progressive respiratory distress.			

Worksheet # T3 to construct MEDCOE Form 1232, 17 FEB 22 Page 1 of 2

b. Severe or progressive tachypnea.			
c. Absent or markedly decreased breath sounds on one side of the chest.			
d. Hemoglobin oxygen saturation <90% on pulse oximetry.			
e. Traumatic cardiac arrest without obviously fatal wounds.			
EVALUATOR STATES: “Your patient is showing signs and symptoms of a tension pneumothorax.”			
8. Treat a tension pneumothorax.			
a. Burp the chest seal.			
(1) Peel back chest seal to expose wound.			
(2) Wipe away blood and clots from wound.			
(3) Reapply chest seal upon exhalation.			
b. Perform a needle chest decompression.			
(1) Identify the 2nd intercostal space at the mid-clavicular line, directly above the 3rd rib on the injured side, or the 5th intercostal space at the anterior axillary line, directly above the 6th rib on the injured side.			
(2) Choose the appropriate needle catheter (10 or 14 gauge needle, 3 ¼ inches).			
(3) Insert the needle catheter over the top of the rib, at a 90 degree angle to the chest wall, to the hub. Leave the needle catheter in place for 10 seconds to evacuate air from the chest.			
(4) Remove the needle, leaving the catheter in place.			
(5) Secure the catheter hub to the chest.			
9. Did not cause further injury to the casualty.			
10. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?	YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

EFMB Test Score Sheet

T4 — CIRCULATION MANAGEMENT

(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Circulation Management

CONDITIONS: Given three casualties who may be experiencing signs and symptoms of hemorrhagic shock in a simulated combat environment with the necessary materials to treat the casualties.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

TASK BASIS: 081-000-0133, 081-000-0043, 081-68W-0310, 081-000-0009, 081-000-0111, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Take body substance isolation (BSI) precautions.			
2. Determine if pelvic binder is indicated.			
a. Apply a pelvic binder over the greater trochanters if the casualty has severe blunt force or blast injury and one or more of the following indications.			
(1) Pelvic pain.			
(2) Any major lower limb amputation or near amputation.			
(3) Physical exam finings suggestive of a pelvic fracture.			
(4) Shock.			
3. Reassess prior tourniquet application.			
a. Expose the wound and determine if the tourniquet is needed.			
4. Convert tourniquets to pressure dressings if all three of the following are met:			
a. The casualty is not in shock.			
b. It is possible to monitor the wound closely for bleeding.			
c. The tourniquet is not being used to control bleeding from an amputated extremity.			
5. Convert hasty tourniquets to deliberate tourniquets as needed.			
a. Place a tourniquet directly on the skin 2-3 inches above the wound.			
b. Slowly loosen hasty tourniquet and look for active bleeding from the wound.			
c. Check for a distal pulse (if limb is not amputated).			
d. If the bleeding persists or a distal pulse is present, tighten the tourniquet or add a second tourniquet side-by-side with the first to eliminate both bleeding and the distal pulse.			
e. Circumferentially wrap each effective tourniquet with tape and mark all with the time of application.			
f. Lower hasty tourniquet to deliberate tourniquet, if applicable. Do not tighten windlass. Do not tape.			
6. Assess for hemorrhagic shock.			
a. Assess for altered mental status (in the absence of brain injury).			

b. Assess for weak or absent radial pulses.			
c. Assess color, condition, and temperature of the patient's skin.			
7. Gain intravenous access.			
a. Gather, inspect, and prepare all equipment.			
b. Apply constricting band.			
c. Cleanse site with alcohol wipe, uncap the needle.			
d. Hold skin taut distal to the site of venipuncture with non-dominant hand.			
e. Hold needle at a 20-30 degree angle, bevel up, over top of the venipuncture site.			
f. Pierce skin and advance needle/catheter until blood is visualized in the flash chamber.			
g. Decrease the angle of the needle/catheter to 10-15 degrees and advance 1/8 of an inch.			
h. Advance the catheter until the hub touches the skin or until significant resistance is felt.			
i. Release the constricting band with the non-dominant hand.			
j. Occlude the vein and gain positive control of the hub with the non-dominant hand.			
k. Remove the needle and place it in a sharps container.			
l. Apply saline lock, clean saline lock, aspirate, and flush with at least 5ml of sterile IV solution.			
m. Cover both the hub and saline lock with a transparent dressing (if using a needleless saline lock, ensure the port is not covered by the dressing).			
8. Administer Tranexamic Acid (TXA).			
a. Confirm need for TXA by verifying one of the two following.			
(1) The casualty will likely need a blood transfusion.			
(2) The casualty has signs and symptoms of significant TBI or has altered mental status associated with blast injury or blunt trauma.			
b. Administer 2 gm TXA via slow IV push as soon as possible but not later than 3 hours after injury.			
9. Did not cause further injury to the casualty.			
10. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?	YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

EFMB Test Score Sheet
T5 — HYPOTHERMIA PREVENTION AND ADMINISTER MEDICATIONS
(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME			CANDIDATE #
TASK: Hypothermia Prevention and Administer Medications			
CONDITIONS: Given three casualties with increased risk of hypothermia in a simulated combat environment with the necessary materials to treat the casualties.			
STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.			
TASK BASIS: 081-68W-0317, 081-68W-0318, 081-000-0146, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.			
REQUIREMENTS: See EFMB Planning Workbook.			

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Take body substance isolation (BSI) precautions.			
2. Take actions to prevent hypothermia.			
a. Drape Hypothermia Prevention and Management Kit (HPMK) or blizzard blanket over litter.			
b. Log roll casualty and place on litter.			
NOTE: At this point in time the candidate may perform the assessment of the casualty's posterior in accordance with Step 14 of Worksheet #T6.			
c. Minimize casualty's exposure to cold ground, wind and air temperatures. Place insulation material between the casualty and any cold surface as soon as possible. Keep protective gear on if feasible.			
d. Reassess each previous intervention.			
e. Enclose the casualty with the exterior impermeable enclosure bag/ blanket.			
3. Initiate electronic monitoring of patient and gather vital signs.			
4. Gather patient's allergy information.			
5. Administer medications.			
a. Option 1.			
(1) Mild to moderate pain.			
(2) Casualty is still able to fight.			
(3) Administer TCCC Combat Wound Medication Pack (CWMP).			
(a) Acetaminophen – 500 mg tablet, 2 PO every 8 hours.			
(b) Meloxicam – 15 mg PO once a day.			
b. Option 2.			
(1) Mild to moderate pain.			
(2) Casualty IS NOT in shock or respiratory distress AND Casualty IS NOT at significant risk of developing either condition.			
(3) Oral transmucosal fentanyl citrate (OTFC) 800 µg.			
c. Option 3.			

(1) Moderate to severe pain.			
(2) Casualty IS in hemorrhagic shock or respiratory distress OR Casualty IS at significant risk of developing either condition.			
(3) Ketamine 30 mg (or 0.3 mg/kg) slow IV or IO push.			
(a) Repeat dose q 20 min prn for IV or IO.			
(b) End points: Control of pain or development of nystagmus (rhythmic back-and-forth movement of the eyes).			
6. Administer antibiotics.			
a. Antibiotics are recommended for all open wounds.			
b. If able to take PO meds: Moxifloxacin (from the CWMP), 400 mg PO once a day.			
c. If unable to take PO meds (shock, unconsciousness): Ertapenem, 1 gm IV/IM once a day.			
7. Did not cause further injury to the casualty.			
8. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?	YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

EFMB Test Score Sheet
T6 — DETAILED PHYSICAL EXAM
(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Detailed Physical Exam

CONDITIONS: Given three casualties with potential multiple system trauma in a simulated combat environment with the necessary materials to treat the casualties.

STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.

TASK BASIS: 081-000-0040, 081-000-0041, 081-000-0072, 081-000-0127, 081-68W-0040, 081-68W-0041, 081-68W-0042, 081-68W-0263, 081-68W-0265, 081-COM-1055, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Take body substance isolation (BSI) precautions.			
2. Assess the head.			
a. Inspect for deformities, contusions, abrasions, punctures or penetration, burns, lacerations, and swelling (DCAP-BLS).			
b. Palpate for tenderness, instability, and crepitus (TIC).			
c. Use pen light to inspect eyes for pupils equal round and reactive to light (PERRL).			
d. Inspect for raccoon eyes and battle sign behind ears.			
e. Inspect the mouth for broken teeth or airway obstructions.			
f. Inspect the nose, mouth and ears for cerebral spinal fluid (CSF) and/or blood.			
3. Treat lacerations of the eye.			
a. Position the casualty and remove headgear, if necessary.			
(1) Conscious casualty will be placed in a seated position.			
(2) Unconscious casualties will be placed in a supine position with the head slightly elevated.			
b. Perform visual acuity testing, if conscious.			
c. Assess eyes: pupils, equal and round, regular in size, and react to light (PERRL).			
NOTE: Candidate can omit step 3.c. if previously performed for step 2.c.			
d. Examine the eyes.			
(1) Objects protruding from the globe.			
(2) Look for foreign bodies or damage on the globe.			
(3) Swelling or lacerations on the globe.			
(4) Bloodshot appearance of the sclera.			
(5) Bleeding surrounding the eye, inside the globe, and coming from the globe.			
(6) Contact lenses, Ask the casualty if they are wearing contact lenses but do not force the eyelids open. Record that they are being worn if appropriate.			

e. Categorize the injury.			
(1) Injury to the tissue surrounding the eye (lacerations and contusions).			
(2) Injury to the globe.			
(3) Extrusion of the eye.			
(4) Foreign bodies.			
(5) Protruding (impaled) objects.			
f. Initiate treatment for the injury.			
(1) Control bleeding with light pressure from a dressing; use no pressure at all if you suspect that the eyeball itself has been injured.			
(2) Preserve any avulsed skin and transport it with the casualty for possible grafting.			
(3) For non-protruding eye injuries, apply and secure a rigid eye shield.			
(4) Cover the uninjured eye with a bandage to decrease movement, and transport.			
4. Assess the neck.			
a. Inspect for DCAP-BLS.			
b. Palpate C-spine for TIC and step-off.			
c. Inspect for jugular vein distention (JVD).			
d. Inspect for tracheal deviation.			
e. Apply cervical collar, if necessary.			
5. Assess the chest.			
a. Inspect for DCAP-BLS and equal bilateral rise and fall of the chest.			
b. Auscultate at least four fields for equality and presence of respirations.			
c. Palpate the anterior area of the chest feeling for TIC.			
d. Observe for progressive respiratory distress.			
6. Perform needle chest decompression, if necessary.			
a. Identify the 2nd intercostal space at the mid-clavicular line, directly above the 3rd rib on the injured side, or the 5th intercostal space at the anterior axillary line, directly above the 6th rib on the injured side.			
b. Choose the appropriate needle catheter (10 or 14 gauge needle, 3 ¼ inches).			
c. Insert the needle catheter over the top of the rib, at a 90 degree angle to the chest wall, to the hub. Leave the needle catheter in place for 10 seconds to evacuate air from the chest.			
d. Remove the needle, leaving the catheter in place.			
e. Secure the catheter hub to the chest.			
7. Assess the abdomen.			
a. Inspect for DCAP-BLS.			
b. Palpate for tenderness, rigidity and distention (TRD) if no open abdominal wound exist.			
8. Treat an open abdominal wound, if present.			
a. Flex the patient's knees and turn head to the side.			
b. Expose the wound.			

c. Inspect for distention, evisceration and obvious bleeding.			
d. Apply a sterile abdominal dressing.			
NOTE: Protruding abdominal organs should be kept moist to prevent the tissue from drying out. A moist, sterile dressing should be applied if available.			
e. Place any protruding organs near the wound, using the sterile side of the dressing, or other clean material.			
f. Insert bandage into the fastening clip and apply tape to secure bandage.			
9. Assess the pelvis.			
a. Inspect for DCAP-BLS.			
b. Apply a pelvic binder if pelvic injury is suspected.			
c. Gently compress to detect TIC if no signs and symptoms of trauma exist (omit this step if pelvic binder is already in place).			
d. Inspect genitalia and perineum for mutilating injury, amputation, and bruising/pooling of the perineum.			
10. Assess the lower extremities.			
a. Inspect for DCAP-BLS.			
b. Palpate for TIC.			
c. Check for pulse, motor, and sensory (PMS).			
11. Immobilize a suspected fracture of the leg, if present.			
a. Have the casualty sit or lie down, if applicable.			
b. Have another person manually immobilize the fractured extremity, if possible.			
c. Remove the foot gear and expose the fracture site.			
d. Check distal pulse and capillary refill on the injured extremity			
e. Apply padding to the bony prominences.			
f. Measure and shape the splint on the uninjured extremity.			
g. Place splint on both the medial and lateral aspects of the suspected fracture.			
h. Secure the splint to the injured extremity with the limb in the position of function.			
i. Wrap both splints around the lower leg with an elastic bandage starting from the top of the foot, around the bottom of the foot and then up the length of the splints toward the knee.			
j. Circumferentially tape the wrap in place.			
k. Recheck distal pulse.			
12. Assess the upper extremities.			
a. Inspect for DCAP-BLS.			
b. Palpate for TIC.			
c. Check for PMS.			
13. Immobilize a suspected fracture of the arm, if present.			
a. Have the casualty sit up, if able.			

b. Have someone support the fractured extremity, if possible.			
c. Remove all jewelry from the fractured extremity.			
d. Expose the fracture site.			
e. Check distal pulse and capillary refill on the injured extremity.			
f. Measure and shape the splint on the uninjured extremity.			
g. Place the fractured forearm in the splint with the hand in a natural curve on top of the rolled end of the splint.			
h. Secure the splint to the injured arm using an elastic bandage in the position of function.			
i. Recheck the casualty's pulse and capillary refill below the bandage. Loosen the bandage and reapply the splint if needed.			
j. Circumferentially tape the wrap in place.			
k. Apply a sling and swathe to further immobilize the fractured arm.			
14. Assess the posterior.			
NOTE: Candidate does not need to repeat step 14 if completed while log rolling the patient during Worksheet #T5.			
a. Inspect for DCAP-BLS.			
b. Palpate the long spine for TIC and step-off.			
c. Inspect for blood, urine, defecation, secretions (BUDS).			
d. Log roll patient onto litter/stretcher.			
e. Reassess all life-saving interventions or treatments to ensure they have not been compromised due to the movement of the patient.			
15. Gather vital signs.			
16. Perform ongoing assessment (while waiting for transport, repeat every 5 to 15 minutes depending on the casualty's condition), if applicable.			
a. Repeat primary assessment.			
b. Repeat vital signs.			
c. Repeat a detailed physical exam on all injuries and reevaluate interventions and treatments.			
d. Reevaluate the casualties' evacuation category.			
17. Did not cause further injury to the casualty.			
18. Met all administrative requirements for this task.			
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK?		YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

EFMB Test Score Sheet
T7 — COMPLETE A TCCC CARD
(For use of this form, see MEDCOE Pam 350-10, the proponent is ATMC-OPE)

CANDIDATE'S RANK AND NAME	CANDIDATE #

TASK: Complete a TCCC Card

CONDITIONS: Given three trauma casualties in a simulated combat environment. Correctly document all injuries. You have a pen and Tactical Combat Casualty Care (TCCC) Card, DD Form 1380.

STANDARDS: Submit Tactical Combat Casualty Care (TCCC) Card, DD Form 1380, using the correct format and content.

TASK BASIS: 081-000-0013, 081-COM-0013, JTS TCCC Guidelines 05 NOV 2020; TASK MODIFIED FOR EFMB TESTING PURPOSES ONLY.

REQUIREMENTS: See EFMB Planning Workbook.

PERFORMANCE STEPS/MEASURES	PT A	PT B	PT C
1. Initiate documentation using the DD Form 1380 on each casualty			
a. Enter the casualty's battle roster number and evacuation category.			
b. Enter casualty's Information: Name (Last, First), Last 4 SSN, Gender, Date, Time, Service, Unit, and Allergies.			
2. Mechanism of Injury: Mark "X" to all that apply.			
3. Injury.			
a. Mark "X" to all that apply.			
b. Annotate type and time for all tourniquets.			
4. Signs and Symptoms.			
a. Assess and annotate vital signs.			
(1) Time.			
(2) Pulse (Rate and location).			
(3) Blood Pressure.			
(4) Respirations.			
(5) Pulse Oximeter % O2 Saturation.			
b. AVPU.			
c. Pain Scale.			
5. List casualty's battle roster number and evacuation category.			
6. Treatments: Mark "X" to all that apply (TQ, Dressing, Airway adjuncts, Breathing interventions, IV/Blood product replacement).			
7. Medications: annotate proper name, dose, route, and time for all medications given.			
8. Complete notes section.			
a. Gather and annotate AMPLE history.			
(1) Allergies.			
(2) Medications.			

(3) Past pertinent medical history.			
(4) Last oral intake.			
(5) Events leading up to the injury.			
b. List First Responder Name (Last, First), Last 4 SSN.			
9. Attach the correctly completed TCCC Card to each casualty.			
10. Complete all required performance steps/measures.			
11. Met all administrative requirements for this task.			

REASON(S) FOR FAILURE

DOES THE CANDIDATE WISH TO REBUT THIS TASK? YES

LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE