

INDIVIDUAL SKILLS ASSESSMENT
MODULE 7: Airway Management in TFC

DATE: _____

STUDENT NAME: _____

RANK: _____

TRAINER NAME: _____

ROSTER#: _____

INSTRUCTION: This Skills Assessment Checklist should be used by a trainer to grade a student's ability to perform the individual SKILLS for the TCCC Combat Medic/Corpsman (TCCC-CMC) Course. A trainer should use this form when performing the optional individual skills assessment associated with completing a skills station. To successfully demonstrate proficiency, the student should "PASS (P)" all the critical tasks (marked as "C") on the checklist.

This checklist may also be used as a teaching tool at the skills station if the trainer chooses to grade students only during the culminating exercise tactical trauma assessment. Grading during the culminating exercise is mandatory for successful course completion, while grading individual skills during the skill stations is optional.

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
HEAD-TILT/CHIN-LIFT					
1. Considered body substance isolation.					
2. Rolled the casualty onto their back, if necessary, and placed them on a hard, flat surface.					
3. Knelt at the level of the casualty's shoulders. Positioned themselves at the side of the casualty.					
4. 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				
5. Removed any foreign material or vomit that was in the mouth as quickly as possible. NOTE: Did not perform a blind finger sweep.					
6. Placed one hand on the casualty's forehead and applied firm, backward pressure with the palm to tilt the head back.	C				
7. Placed the fingertips of the other hand under the bony part of the lower jaw and lifted, bringing the chin forward. NOTE: Did not use the thumb to lift the chin.	C				
8. Maintained the open airway position, placed an ear over the casualty's mouth and nose, looking toward the chest and stomach.	C				
9. Looked for the chest to rise and fall.					
10. Listened for air to escape during exhalation.					
11. Felt for the flow of air on the side of their face.					
12. Measured the respiratory rate.					
Evaluator states "In 15 seconds you heard X number of respirations." (Evaluator must fill in the number of respirations given to student.)					



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____ RANK: _____

INSTRUCTOR NAME: _____ ROSTER#: _____

STUDENT NAME: _____

PERFORMANCE STEPS	1 st Attempt		2 nd Attempt	
	P	F	P	F
JAW-THRUST MANEUVER				
1. Considered body substance isolation.				
2. Rolled the casualty onto their back, if necessary, and placed the casualty on a hard, flat surface.				
3. Knelt above the casualty's head (looking toward the casualty's feet).				
4. 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			
5. Removed any foreign material or vomit in the mouth as quickly as possible. NOTE: Did not perform a blind finger sweep.				
6. Rested their elbows on the ground or floor.				
7. Placed one hand on each side of the casualty's lower jaw at the angle of the jaw, below the ears.	C			
8. Stabilized the casualty's head with their forearms. NOTE: Did not tilt or rotate the casualty's head.				
9. Used the index fingers to pull the jaw up while using the thumbs to push the casualty's chin forward. NOTE: Used their thumbs to retract the lower lip and allowed air to enter the casualty's mouth if the casualty's lips were still closed after the jaw had been moved forward.	C			
10. Maintained the open airway position, placed an ear over the casualty's mouth and nose, looking toward the chest and stomach.	C			
11. Looked for the chest to rise and fall.				
12. Listened for air to escape during exhalation.				
13. Felt for the flow of air on the side of their face.				
14. Measured the respiratory rate.				
Evaluator states "In 15 seconds you heard X number of respirations." (Evaluator must fill in the number of respirations given to student.)				
15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C			
Demonstrated TCCC Proficiency: Yes No				
Notes:				

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
NASOPHARYNGEAL AIRWAY (NPA) INSERTION					
1. Considered body substance isolation.					
2. Placed the casualty supine with their head in a neutral position.					
3. Inspected the nose and nasal passages for any obstructions that would prevent insertion of an NPA.	C				
4. Opened the NPA package provided in the casualty's Joint First Aid Kit (JFAK).					
5. Lubricated the end of the NPA device with the sterile water-based lubricating jelly found in the JFAK, with water, or with the casualty's saliva.	C				
6. Exposed the opening of the casualty's right nostril by gently pushing the tip of the nose upward.	C				
7. Positioned the tube so that the bevel of the device faced toward the septum.	C				
8. 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				
9. Advanced the NPA until the flange was flush with the nostril using a fluid movement pushing toward the ground and not toward the top of the head.	C				
10. If insertion was unsuccessful, pulled the NPA completely out and inserted it in the left nostril, rotating the NPA after it was approximately 2 inches into the casualty's nose to maintain the downward orientation of the NPA curve.					
11. Reassessed breathing and respiration by using the look, listen, and feel technique to assess for air movement after the NPA was inserted.					
12. Positioned the casualty: (a) Placed a casualty who was awake in a sitting or recovery position (whichever is more comfortable). (b) Placed an unconscious casualty in the recovery position to prevent aspiration of blood, mucus, or vomit.					
13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
RECOVERY POSITION		P	F	P	F
1. Considered body substance isolation.					
2. Positioned the casualty supine without causing any further injuries.					
3. Picked up the casualty's arm (nearer to the Combat Medic/Corpsman) and placed it at a right angle to the casualty's body, bent at the elbow with the hand pointed upward.					
4. Used their hand closer to the casualty's head, grasped the casualty's other arm and placed the back of the casualty's hand against the opposite cheek.					
5. Kept their hand there to guide and support the casualty's head as they rolled them over.					
6. Used their other arm to reach across to the casualty's knee that was further from them, and pulled it up so that the casualty's leg was bent and the foot rested on its side.					
7. Gently pulled the casualty's knee toward them so the casualty rolled over onto their side, facing the Combat Medic/Corpsman.					
8. Moved the bent leg that was nearer to them, in front of the casualty's body so that it was resting on the floor.					
9. Gently raised the casualty's chin to tilt their head back slightly.					
10. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
ONE-PERSON BAG VALVE MASK (BVM)					
1. Considered body substance isolation.					
2. Positioned themselves at the top of the patient's head.					
3. Inserted a nasopharyngeal airway.					
4. Assembled the BVM (connected the mask to port on the bag).					
5. Performed an "EC" technique to hold the mask over the patient's mouth: (a) Formed the "C" by placing their thumb over the part of the mask covering the bridge of the nose and their index finger over the part covering the cleft of the chin. (b) Sealed the mask firmly on the face by pushing down with the thumb and index finger, formed the "E" with the other three fingers, opened the airway by performing the head-tilt/chin-lift maneuver, while pulling up on the mandible.	C				
6. 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.	C				
7. Squeezed the bag with their other hand for 1-2 seconds while observing the chest rise to make certain lungs were inflating effectively.	C				
8. Continued squeezing the bag once every 5–6 seconds (10–12 breaths/minute).					
9. Continued ventilation, observed for spontaneous respirations, and periodically checked the pulse.					
10. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS	1 st Attempt		2 nd Attempt	
	P	F	P	F
TWO-PERSON BAG VALVE MASK (BVM)				
1. Considered body substance isolation.				
2. Positioned themselves at the top of the casualty's head, and their partner to the side of the casualty's head.				
3. Inserted a nasopharyngeal airway.				
4. Assembled the BVM (connected the mask to port on the bag).				
5. Placed the mask over the casualty's mouth and nose.				
6. Placed their little, ring, and middle fingers along the mandible.				
7. Placed their thumb on the upper portion of the mask above the valve connection.				
8. Placed their index finger on the lower portion of the mask under the valve connection.				
9. With their other hand, duplicated the above steps on the other side (mirror image).				
10. Held the mask in place with both hands to achieve a leakproof seal.	C			
11. The second rescuer slowly squeezed the BVM with two hands for 1–2 seconds until the chest rose.	C			
12. 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 13.				
13. Squeezed once every 5–6 seconds (10–12 breaths/minute).				
14. Continued ventilations, observed for spontaneous respirations, and periodically checked the pulse.				
15. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C			
Demonstrated TCCC Proficiency: Yes No				
Notes:				

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
MANUAL AIRWAY SUCTIONING					
1. Considered body substance isolation.					
2. Assessed the casualty's airway.					
3. Gathered, assembled, and tested all necessary equipment.					
4. Positioned the casualty: (a) Conscious: recovery or upright position (b) Unconscious: supine					
5. Removed visible debris from the mouth (if it was possible). NOTE: Did not perform a blind finger sweep.					
6. Preoxygenated the casualty before suction (if it was possible) for a minimum of 30 seconds, using supplemental oxygen, if available.	C				
7. Opened the mouth using the crossed- or scissors-finger technique.	C				
8. Squeezed the handle of the suction device and provided suction. NOTE: Did this before inserting into the casualty's mouth.					
9. Inserted the manual airway suctioning tube. NOTE: Inserted only to the base of the tongue.					
10. Suctioned the casualty while retracting the tube from the mouth using a sweeping motion. NOTE: Did not suction more than 10 seconds.	C				
11. Reoxygenated the casualty.					
12. Reassessed the need for additional suctioning and suctioned as needed.					
13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
MECHANICAL AIRWAY SUCTIONING					
1. Considered body substance isolation.					
2. Assessed the casualty's airway.					
3. Gathered, assembled, and tested all necessary equipment.					
4. Positioned the casualty: (a) Conscious: recovery or upright position (b) Unconscious: supine					
5. Removed visible debris from the mouth (if it was possible). NOTE: Did not perform a blind finger sweep.					
6. Preoxygenated the casualty before suctioning (if it was possible) for a minimum of 30 seconds, using supplemental oxygen, if available.	C				
7. Opened the mouth and using the crossed- or scissors-finger technique.	C				
8. Stopped suction temporarily during insertion or if the unit type tube could be kinked to stop suction, they continued to use that method.					
9. Inserted the suction tip without suction. NOTE: Inserted only to the base of the tongue.					
10. Applied suction while retracting the tube from the casualty's mouth using a sweeping motion. CAUTION: Did not suction more than 10 seconds.	C				
11. Reoxygenated the casualty.					
12. Reassessed the need for additional suctioning and suctioned as needed.					
13. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
CRICOTHYROIDOTOMY (OPEN SURGICAL)		P	F	P	F
1. Considered body substance isolation.					
2. Assessed the casualty's airway.					
3. Gathered assembled, and tested all necessary equipment.					
4. Positioned the casualty in a supine position, with the neck placed in the “neutral position”.	C				
5. Positioned themselves on the right side of the casualty if the medic is right-handed; (OR) if left-handed, to the left side.					
6. Identified the cricothyroid membrane between the cricoid and thyroid cartilages.	C				
7. Cleaned the site with alcohol or povidone-iodine (if time permitted).					
8. Stabilized the larynx with the nondominant hand.	C				
9. Confirmed landmarks with the dominant index finger.	C				
10. Made a 1-inch vertical incision through the skin over the cricothyroid membrane.	C				
11. Reconfirmed cricothyroid membrane with the index finger.	C				
12. Turned the scalpel horizontally, poked through the cricothyroid membrane, and made a ½-inch incision.	C				
13. If a Kelly Hemostat was available, used it to open the incision.					
14. Inserted the tracheal hook through cricothyroid membrane.	C				
15. Lifted the cricoid cartilage gently.					
16. Withdrew the scalpel and placed in in a sharps container.					
17. Inserted the tracheostomy tube and directed it toward the lungs.	C				
18. Angled the tracheal hook toward the shoulder and gently removed it.					
19. Removed the stylet (if applicable) and left the tube in place. NOTE: If an endotracheal tube was used, it was inserted 1/4 to 1 inch beyond the cuff.	C				
20. Inflated the cuff with 10 ml of air.	C				
21. Looked for misting in the tube.					
22. Directed the Combat Lifesaver to ventilate the casualty with a bag valve mask (BVM), if appropriate.					
23. Confirmed tube placement by auscultating the right and left lung, listened for breath sounds and watched for equal rise and fall of the chest.	C				
If using an endotracheal tube, evaluator states, “Breath sounds present bilaterally” OR “Breath sounds absent on the left.”					

NOTE: If breath sounds were absent on the left side only, the tube was inserted down the right mainstem bronchus; cuff was deflated and the tube pulled back a few centimeters, then cuff was reinflated.					
24. Assessed the casualty for spontaneous respirations (counted for a minimum of 10 seconds) and attached the pulse oximeter to the casualty (if it was available).					
Evaluator states "In 15 seconds you counted X number of respirations." (Evaluator must fill in the number of respirations given to student.)					
25. If respirations were <8 or >30 or the pulse oximeter reading was <90%, ventilated the casualty with a BVM.	C				
26. Applied a dressing around the tube.	C				
27. Secured the tube around the casualty's neck with a strap or tape.	C				
28. Assessed and monitored the casualty continually.					
29. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

RANK: _____

INSTRUCTOR NAME: _____

ROSTER#: _____

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
CRICOTHYROIDOTOMY (CRIC-KEY™)		P	F	P	F
1. Considered body substance isolation.					
2. Assessed the casualty's airway.					
3. Gathered assembled, and tested all necessary equipment.					
4. Positioned the casualty in a supine position, with the neck placed in the “neutral position”.	C				
5. Positioned themselves on the right side of the casualty if the medic is right-handed; (OR) if left-handed, to the left side.					
6. Identified the cricothyroid membrane between the cricoid and thyroid cartilages.	C				
7. Cleaned the site with alcohol or povidone-iodine (if time permitted).					
8. Stabilized the larynx with the nondominant hand.	C				
9. Confirmed landmarks with the dominant index finger.	C				
10. Made a 1-inch vertical incision through the skin over the cricothyroid membrane using the Cric-Knife™.	C				
11. Reconfirmed the cricothyroid membrane with the index finger.	C				
12. Turned Cric-Knife horizontally and poked through the cricothyroid membrane and made ½-inch incision, ensuring the integrated tracheal hook was facing inferiorly when the incision was made.	C				
13. Slid the integrated tracheal hook of the Cric-Knife down the handle with their thumb until it entered the trachea and disengaged from the handle.					
14. Lifted the thyroid cartilage gently.					
15. Withdrew the scalpel and placed it in a sharps container.					
16. Inserted the Cric-Key with the endotracheal airway into the trachea, directed towards the lungs, until the flange contacted the skin of the neck.	C				
17. Angled the tracheal hook toward the shoulder and gently removed it.					
18. Removed the stylet and left the tube in place.	C				
19. Inflated the cuff with 10 ml of air.	C				
20. Looked for misting in the tube.					
21. Directed the Combat Lifesaver to ventilate the casualty with a bag valve mask (BVM), if appropriate.					
22. Confirmed tube placement by auscultating the right and left lungs, listened for breath sounds and watched for equal rise and fall of the chest.	C				
23. Assessed the casualty for spontaneous respirations (counted for a minimum of 10 seconds) and attached the pulse oximeter to the casualty (if it was available).					



COMBAT MEDIC/CORPSMAN TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



Evaluator states "In 15 seconds you counted X number of respirations." (Evaluator must fill in the number of respirations given to student.)					
24. If respirations were <8 or >30 or the pulse oximeter reading was <90%, ventilated the casualty with a BVM.	C				
25. Applied a dressing around the tube.	C				
26. Secured the device to the casualty around the casualty's neck with a strap or tape.	C				
27. Assessed and monitored the casualty continually.					
28. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____ RANK: _____
INSTRUCTOR NAME: _____ ROSTER#: _____

STUDENT NAME: _____

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
CRICOTHYROIDOTOMY (BOUGIE-AIDED)		P	F	P	F
1. Considered body substance isolation.					
2. Assessed the casualty's airway.					
3. Gathered, assembled, and tested all necessary equipment.					
4. Positioned the casualty in a supine position, with the neck placed in the “neutral position”.	C				
5. Positioned themselves on the right side of the casualty if the medic is right-handed; (OR) if left-handed, to the left side.					
6. Identified the cricothyroid membrane between the cricoid and thyroid cartilages.	C				
7. Cleaned the site with alcohol or povidone-iodine (if time permitted).					
8. Stabilized the larynx with the nondominant hand.	C				
9. Confirmed landmarks with the dominant index finger.	C				
10. Made a 1-inch vertical incision through the skin over the cricothyroid membrane.	C				
11. Reconfirmed the cricothyroid membrane with the index finger.	C				
12. Turned the scalpel horizontally and poked through the cricothyroid membrane and made ½-inch incision.	C				
13. Inserted the tracheal hook through the cricothyroid membrane.	C				
14. Lifted the cricoid cartilage gently.					
15. Withdrew the scalpel and placed it in a sharps container.					
16. Inserted the bougie through the cricothyroid membrane opening and directed it toward the lungs.	C				
17. Angled the tracheal hook toward the shoulder and gently removed it.	C				
18. Inserted the tracheostomy tube over the bougie and advanced it into the trachea, at least ¼ to 1 inch beyond the cuff.	C				
19. Removed the bougie from the tracheostomy tube.					
20. Inflated the cuff with 10 ml of air.	C				
21. Looked for mist in the tube.					
22. Directed the Combat Lifesaver to ventilate the casualty with a bag valve mask (BVM).					
23. Confirmed tube placement by auscultating the right and left lungs, listened for breath sounds and watched for equal rise and fall of the chest.	C				
If using an endotracheal tube, evaluator states, “Breath sounds present bilaterally” OR “Breath sounds absent on the left.”					

NOTE: If using an endotracheal tube and breath sounds were absent on the left side only, the tube was inserted down the right mainstem bronchus; cuff was deflated and the tube pulled back a few centimeters, then cuff was reinflated.					
24. Assessed the casualty for spontaneous respirations (counted for a minimum of 10 seconds) and attached the pulse oximeter to the casualty (if it was available).					
Evaluator states "In 15 seconds you counted X number of respirations." (Evaluator must fill in the number of respirations given to student.)					
25. If respirations are <8 or >30 or the pulse oximeter reading is <90%, ventilated the casualty with a BVM.	C				
26. Applied a dressing around the tube.	C				
27. Secured the device to the casualty around the casualty's neck with a strap or tape.	C				
28. Assessed and monitored the casualty continually.					
29. Documented all findings and treatments on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

RANK: _____

INSTRUCTOR NAME: _____

ROSTER#: _____