



INDIVIDUAL SKILLS ASSESSMENT
MODULE 5: Tactical Trauma Assessment

STUDENT NAME, RANK: _____ **DATE:** _____

TRAINER NAME: _____ **ROSTER#:** _____

INSTRUCTION: This checklist should be used in grading a student’s ability to perform the TACTICAL TRAUMA ASSESSMENT required for successfully completing the TCCC Combat Lifesaver (TCCC-CLS) Course. The student must “PASS (P)” all the critical tasks (marked as ‘C’) to demonstrate proficiency.

SCENARIO: The trainer will provide a scenario for the tactical trauma assessment process. The student will have available a Joint First Aid Kit (JFAK), a Combat Lifesaver Kit, and/or the necessary supplies.

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
1. Performed Care Under Fire (CUF).	C				
a. Returned fire and took cover.					
b. Directed the casualty to remain engaged as a combatant, if appropriate.					
c. Directed the casualty to move to cover and apply self-aid, if able.					
d. Performed a casualty drag/carry to move an unresponsive or immobile casualty to cover or to a secure site as the tactical situation permitted.					
e. Extracted casualties from sources of burning and moved them to safety.					
f. Stopped the burning process as necessary.					
g. Applied a high & tight limb tourniquet over the uniform and proximal (above) to the bleeding site(s) using the casualty’s JFAK and supplies.	C				
2. Performed Tactical Field Care (TFC).	C				
a. Established security perimeter/maintained tactical situational awareness.					
b. Triage casualties as required.					
c. Took weapons/communication equipment from casualties with altered mental status.					
3. Verbalized the meaning of MARCH PAWS and used the sequence to perform a casualty assessment.					
4. Assessed and treated Massive hemorrhage. Assessed for unrecognized hemorrhage and controlled all sources of bleeding.	C				
a. Applied a tourniquet directly to the skin, 2–3 inches above the bleeding site if not previously done in CUF, or applied a second tourniquet side-by-side if bleeding was not controlled with the first tourniquet.	C				
b. Applied improvised junctional hemorrhage control techniques using hemostatic dressing(s) to hemorrhage not amenable to a tourniquet.	C				
5. Assessed and secured the Airway.	C				
a. Allowed conscious casualty to assume any position of comfort that facilitates breathing and protects the airway.					
b. Used head-tilt/chin-lift or jaw-thrust maneuver to open airway, if needed.	C				
c. Inserted a nasopharyngeal airway (NPA) in an unconscious or semiconscious casualty.					
6. Assessed Respiration.					
a. Looked for chest wounds.	C				

b. Applied a chest seal in the presence of an open chest wound.	C				
c. Assessed for tension pneumothorax.					
d. Burped the chest seal.					
e. Performed needle decompression in the presence of tension pneumothorax.					
f. Reassessed to confirm needle decompression was successful.					
7. Assessed Circulation.					
a. Reassessed tourniquets and/or wound packings after each movement.					
b. Assessed for pelvic fracture and informed medical personnel.					
c. Assessed for hemorrhagic shock (altered mental status in the absence of brain injury and/or weak or absent radial pulse).	C				
8. Prevented and treated Hypothermia (active/passive).	C				
a. Minimized casualty exposure to the environment.					
b. Employed active warming measures, if available.					
c. Used passive warming measures if active warming device was unavailable.					
9. Assessed for Head injury.					
a. Checked for signs and symptoms of a head injury.					
b. Reported observations to medical personnel.					
10. Performed the MARCH sequence in the correct order.	C				
11. Covered the eye with a rigid eye shield and administered the Combat Wound Medication Pack (CWMP) for suspected penetrating eye injury.					
12. Controlled Pain.					
a. Administered the CWMP to conscious casualty who could swallow.					
b. Referred to medical personnel if pain was severe.					
13. Administered Antibiotic(s).					
a. Administered the CWMP for any open wounds to conscious casualty who could swallow.					
b. Referred to medic if the casualty could not swallow (in shock/unconscious).					
14. Treated additional Wounds.					
a. Inspected and dressed additional wounds (e.g., lacerations), as necessary.					
b. Assessed/treated burns with dry, sterile dressings and hypothermia prevention.					
15. Splinted any fractures without disrupting any impaled objects.					
16. Communicated: Transmitted the 9-Line MEDEVAC information.					
a. Communicated with the casualty, if possible.					
b. Communicated with tactical leadership and reported ASAP lines 3, 4, and 5.	C				
c. Communicated with the evacuation system to arrange for Technical Evaluation Care (TACEVAC).					
d. Communicated with medical providers and relayed MIST report.					
17. Document: Recorded all treatment on a DD Form 1380 TCCC Casualty Card and attached it to the casualty.	C				
18. Prepared for evacuation.					
a. Secured all loose bandages, equipment, blankets, etc.					
b. Secured litter straps as required; considered additional padding, as needed.					
c. Provided instructions to ambulatory patients as needed.					
d. Staged casualties for evacuation and identified litter team(s).					



COMBAT LIFESAVER (CLS) TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST



e. Maintained security/safety at the evacuation point.					
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Demonstrated TCCC-CLS Proficiency: **Yes** **No**

Notes:

Trainer Signature: _____

Student Signature: _____