



COMBAT PARAMEDIC/PROVIDER TACTICAL COMBAT CASUALTY CARE
SKILLS ASSESSMENT CHECKLIST

INDIVIDUAL SKILLS ASSESSMENT
MODULE 23: Documentation

DATE: _____

STUDENT NAME: _____

RANK: _____

INSTRUCTOR 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 Tactical Combat Casualty Care Combat Paramedic/Provider (TCCC-CPP) 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.

***Evaluator to provide a casualty scenario with the necessary information to complete the DD Form 1380 and AAR.**

PERFORMANCE STEPS		1 st Attempt		2 nd Attempt	
		P	F	P	F
DD FORM 1380 TACTICAL COMBAT CASUALTY CARE (TCCC) CASUALTY CARD					
1. Removed the casualty’s DD Form 1380 TCCC Casualty Card from their Joint First Aid Kit.	C				
2. Filled out the DD Form 1380 TCCC Casualty Card with a pen or marker, starting with the front side.	C				
3. Documented Battle Roster # in the appropriate section.					
4. Documented the Evacuation priority (urgent, priority, or routine) in the “Evac” section.					
5. Documented the Demographics (name, last four digits of the casualty’s Social Security number (SSN), gender, date, time, service, unit, and allergies) in the appropriate section.	C				
6. Documented the Mechanism of Injury (artillery, blunt, burn, fall, grenade, gunshot wound (GSW), improvised explosive device (IED), landmine, motor vehicle crash/collision (MVC), rocket-propelled grenade (RPG), or other) in the appropriate section.	C				
7. Documented Injury or Injuries using the diagrams of the body, identified locations of any injuries with an “X”. NOTE: Circled the numbers (burn percentages) on the figure if the casualty had burns. NOTE: Drew a line between the mechanism of injury and the anatomical site of the injury if multiple mechanisms of injury and multiple injuries were present.	C				
8. Documented Vital Signs and the time each was assessed in the “Signs and Symptoms” section.					



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9. Documented AVPU and the Pain Scale in the “Signs and Symptoms” section.					
10. Turned the DD Form 1380 TCCC Casualty Card over and filled out the back side.					
11. Copied Battle Roster # and Evac from the front page onto the appropriate section on the back page.					
12. Documented all Treatments provided in the “Treatments” section.	C				
13. Documented any Medications given in the “Med” section.	C				
14. Documented administration of the Combat Wound Medication Package, application of a rigid eye shield (and location), splints or active/passive hypothermia prevention (and the type of device used) in the “ Other ” section.	C				
15. Used the “ Notes ” section to record any other pertinent information and/or clarifications.					
16. Documented the first responder’s name and the last four of their SSN in the “ First Responder ” section.					
17. Securely attached the DD Form 1380 TCCC Casualty Card to the casualty. NOTE: Appropriate places for attachment include the casualty’s belt loop, their left upper sleeve or their left trouser pocket.	C				
Demonstrated TCCC Proficiency: Yes No					
Notes:					

STUDENT NAME: _____

RANK: _____

TRAINER NAME: _____

ROSTER#: _____

