**STUDENT NAME:** _____

| PERFORMANCE STEPS | | 1st Attempt | | 2nd Attempt | |
|---|:---:|:---:|:---:|:---:|:---:|
| | | **P** | **F** | **P** | **F** |
| **TOURNIQUET CONVERSION** | | | | | |
| 1. Considered body substance isolation. | | | | | |
| 2. Exposed the wound, if it was not previously exposed. | **C** | | | | |
| 3. Removed the hemostatic dressing or gauze from its sterile package. *NOTE:* If hemostatic dressing or gauze was not available, used clean, dry cloth material. | | | | | |
| 4. Packed the dressing tightly into the wound. *NOTE:* Filled and packed the whole wound cavity tightly and kept firm pressure on the wound. | **C** | | | | |
| 5. Ensured the hemostatic dressing or gauze extended 1–2 inches above the skin. *NOTE:* If the hemostatic dressing or gauze did not extend 1–2 inches above the skin, placed additional hemostatic dressing or gauze. *NOTE:* If a penetrating object was lodged in the casualty's body, bandaged it in place. **Did not** remove the object. | **C** | | | | |
| 6. Continued to apply firm, manual pressure for a minimum of 3 minutes, after the wound was packed. | **C** | | | | |
| 7. Removed the pressure bandage from its package. | | | | | |
| 8. Placed the pad of the pressure bandage directly over the wound or previously applied hemostatic dressing; continued to apply direct pressure. | **C** | | | | |
| 9. Wrapped the pressure/elastic bandage tightly around the extremity with focused pressure over the wound and ensured that the edges of the pad were covered. | **C** | | | | |
| 10. Secured the hooking ends of the hook and looped straps or closure bar onto the last wrap of the bandage. | **C** | | | | |
| 11. Slowly released the tourniquet (over one minute); observed the bandage for bleeding. *NOTE:* If bleeding reoccurred, retightened the original tourniquet and ensured bleeding was controlled and the distal pulse was absent. | **C** | | | | |
| Evaluator states, "bleeding is controlled" OR "bleeding is not controlled" after the tourniquet is released. | | | | | |
| 12. 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:** | | | | | |