

PERFORM A NEEDLE CHEST DECOMPRESSION

For use of this form see TC 8-800; the proponent agency is TRADOC.

TABLE: I

REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0075, Perform Needle Chest Decompression; Prehospital Trauma Life Support (PHTLS), Revised Military 7th Edition.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.

PRINCIPAL PURPOSE: To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.

ROUTINE USES: Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.

DISCLOSURE: Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI)

2. **Date** (YYYYMMDD)

SCENARIO:

During a night patrol, your platoon receives intense small arms fire. As your platoon returns fire and takes up defensive positions, the second squad leader calls for your attention regarding a fallen Soldier. Once the area is secured, you assess the patient and apply an occlusive dressing. The patient continues to have increasing respiratory distress. You determine the patient requires a needle chest decompression.

GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
3. Performance Steps						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Located the second intercostal space on the anterior chest wall at the midclavicular line on the same side as the injury; approximately in line with the nipple.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Thoroughly cleansed a 3 to 4 inch area around the insertion site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inserted a 3 ¼-inch, 14-gauge needle over the top of the rib at a 90-degree angle to the chest wall, to the hub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Removed the needle, leaving the catheter in place. Placed the needle in a sharps container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stabilized the catheter hub to the chest with adhesive tape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Placed the patient in a sitting position or in the recovery position with the injured side down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Did not cause further injury to the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Demonstrated Proficiency Yes No

5. Start Time

6. Stop Time

7. Initial Evaluator

8. Start Time

9. Stop Time

10. Retest Evaluator

11. Start Time

12. Stop Time

13. Final Evaluator

14. Evaluator's Comments

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