

PERFORM A PATIENT ASSESSMENT(EMT-B): MEDICAL

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

TABLE: IV

REFERENCE: STP 8-68W13-SM-TG, Task: 081-833-0156, Perform a Medical Patient Assessment

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.S 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:

You are responding to an emergency call for a patient with a medical complaint. You must perform a thorough and systematic initial assessment and secondary assessment in order to guide your decision-making process as to how to best manage this patient.

Grading Sheet

3. Performance Measures

COMPLETED

	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
a. Performed a Scene Size-up						
(1) Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Determined if the scene is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Determined the nature of the illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Determined the number of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Requested additional assistance, if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Considered stabilization of the spine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Performed a Primary Assessment						
(1) Formed a general impression of the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Determined responsiveness/assessed the patient's mental status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Assessed the airway (<i>look, listen, feel</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Assessed the breathing (<i>rate, rhythm, quality</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Initiated appropriate oxygen therapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Assessed the skin (<i>color, temperature, condition</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Assessed the pulse (<i>rate, rhythm, strength</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Assessed for and controlled significant bleeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Treated the patient for shock.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Determined the priority of the patient and transport decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**PERFORM A PATIENT ASSESSMENT (EMT-B): MEDICAL
GRADING SHEET (cont'd)**

c. Performed a History and a Secondary Assessment	1ST		2ND		3RD	
	P	F	P	F	P	F
(1) Obtained a SAMPLE History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Performed a focused physical exam. EVALUATOR: The Soldier Medic performs the focused physical exam by verbalizing the assessment of affected body part.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Obtained vital signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reassessment						
(1) Repeated the primary assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Reassessed chief complaint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Checked interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Repeated vital signs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) 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"/>
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