

<b>EFMB Test Score Sheet</b> <b>TCCC— PERFORM NEEDLE CHEST DECOMPRESSION</b> (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
<b>TASK:</b> PERFORM NEEDLE CHEST DECOMPRESSION.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with a tension pneumothorax and the necessary materials to treat the casualty.		
<b>STANDARDS:</b> Perform all steps and measures correctly without causing further injury to the casualty.		
<b>NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.</b>		
<b>PERFORMANCE STEPS/MEASURES</b>	<b>GO</b>	<b>NO-GO</b>
<b>CASUALTY STARTS GASPING FOR AIR AND STATES: "I'M HAVING DIFFICULTY BREATHING." REPOSITIONING OF THE CASUALTY DOES NOT IMPROVE BREATHING. THE EVALUATOR MAY ADD ADDITIONAL INFORMATION TO COMMUNICATE THE SIGNS OF A TENSION PNEUMOTHORAX.</b>		
1. Take body substance isolation (BSI) precautions.		
2. Assess the casualty to ensure the progressive respiratory distress is due to a penetrating chest wound.		
3. Perform needle chest decompression.		
<b>NOTE:</b> A mannequin or training aid will be utilized to perform needle chest decompression.		
a. Expose the chest for access to insertion site.		
b. Locate the insertion site. Locate the second intercostal space (between the second and third ribs) on the anterior chest wall at the midclavicular line (approximately in line with the nipple) on the same side of the casualty's chest as the penetrating wound; approximately two-finger widths below the clavicle.		
c. Insert a large bore (14 gauge; 3.25 inch or larger) needle and catheter unit.		
(1) Removes the plastic cap from the 3.25 inch or larger 14 gauge needle and catheter unit.		
(2) Firmly insert the needle into the skin over the top of the third rib into the second intercostal space at a 90 degree angle.		
(3) As the needle enters the pleural space in the chest cavity, a "pop" will be felt, followed by a possible hiss of air escaping the chest cavity.		
<b>EVALUATOR STATES:</b> "YOU HEAR A POP," WHEN NEEDLE ENTERS THE CHEST CAVITY AND "YOU HEAR A HISS," WHEN AIR ESCAPES.		
<b>WARNING:</b> Proper positioning of the needle is essential to avoid puncturing blood vessels and/or nerves. Blood vessels and nerves run along the bottom of each rib.		
d. Withdraw the needle while holding the catheter in place. Stabilize the catheter hub to the chest wall with adhesive tape.		
<b>EVALUATOR:</b> ADMINISTRATIVELY GAIN CONTROL OF THE NEEDLE AND SYRINGE UNIT AND PLACE IT IN A SHARPS CONTAINER.		
4. Place the casualty in a sitting position or on their injured side (recovery position).		
5. Did not cause further injury to the casualty.		
6. Met all administrative requirements for this task		
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES      NO
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE

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