

EFMB Test Score Sheet
TCCC- TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE
 (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)

CANDIDATE'S RANK AND NAME		CANDIDATE #
TASK: TREAT LACERATIONS, CONTUSIONS, AND EXTRUSIONS OF THE EYE.		
CONDITIONS: Given a casualty in a simulated combat environment who has an eye injury and the necessary materials to treat the casualty.		
STANDARDS: Perform all steps and measures correctly without causing further injury to the casualty.		
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
NOTE: The EFMB host unit will determine which type of eye injury will be tested. Only one injury will be tested.		
1. Take body substance isolation (BSI) precautions.		
2. Position the casualty and remove their headgear, if necessary.		
a. Conscious--seated.		
b. Unconscious--lying on their back with the head slightly elevated.		
3. Perform a Rapid Field Test of Visual Acuity of the injured eye by asking the following questions		
a. Can you see me or can you see light?		
b. How many fingers am I holding up? (Candidate must hold finger(s) up for the casualty to see)		
c. Can you read my name tag or rank?		
4. Examine the eyes for the following:		
a. Objects protruding from the globe.		
b. Swelling of or lacerations on the globe.		
c. Bloodshot appearance of the sclera.		
d. Bleeding.		
(1) Surrounding the eye.		
(2) Inside the eyeball.		
(3) Coming from the eyeball.		
e. Contact lenses. Ask the casualty if he or she is wearing contact lenses, but do not force the eyelids open.		
f. Extrusion (the eye is protruding from the socket).		
5. Categorize and treat the injury.		
NOTE: Torn eyelids should be handled carefully. Wrap any detached fragments in a separate moist dressing and evacuate with the casualty.		
a. Injury to the eyeball or surrounding tissues.		
(1) Cover the injured eye with a rigid eye shield (NOT a pressure patch) placing the edges of the eye shield on the bony prominences of the eye brow and cheek bone as to not apply pressure to the injured eye.		
NOTE: Do not place any pad or material between the eye shield and the injured eye. This will cause pressure and further damage to the eye.		
(2) Secure the eye shield in place with tape.		
(3) Place eye protection on casualty over eye shield to protect the uninjured eye during movement.		
(3) Instruct the casualty to close their eyes, when it is safe, to minimize eye movement.		
(4) Tell the casualty not to squeeze the eyelids together.		

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b. Extrusion or avulsion.				
CAUTION: Do not attempt to reposition the eyeball or replace it in the socket.				
(1) Position the casualty face up.				
(2) Cut a hole in several layers of dressing material, and then moisten it. Use sterile liquid, if available.				
(3) Place the dressing so the injured globe protrudes through the hole, but does not touch the dressing. The dressing should be built up higher than the globe.				
NOTE: If available, place a paper cup or cone-shaped piece of cardboard over the eye. Do not apply pressure to the injury site. Apply roller gauze or tape to hold the cup in place.				
(4) Cover the uninjured eye to prevent sympathetic eye movement.				
NOTE: In hazardous conditions, leave the good eye uncovered long enough to ensure the casualty's safety.				
6. Candidate verbalizes to administer either Moxifloxacin 400 mg tablet PO once a day or Ertapanem 1 gm IV/IM once a day (whichever is medically relevant to the patient being treated)				
7. Did not cause further injury to the casualty.				
8. 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/NCIC INITIALS	EVALUATOR'S SIGNATURE			DATE