

AMEDDC&S HRCOE PAM 350-10

EFMB Test Score Sheet TCCC — SUBMIT TACTICAL COMBAT CASUALTY CARE (TCCC) CARD (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)				
CANDIDATE'S RANK AND NAME	CANDIDATE #			
TASK: SUBMIT TACTICAL COMBAT CASUALTY CARE (TCCC) CARD.				
CONDITIONS: Given a trauma casualty in a simulated combat environment. Correctly document all injuries. You have a pen and Tactical Combat Casualty Care (TCCC) Card, DD Form 1380.				
STANDARDS: Submit Tactical Combat Casualty Care (TCCC) Card, DD Form 1380, using the correct format and content.				
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.				
PERFORMANCE STEPS/MEASURES	GO	NO-GO		
NOTE: The Tactical Combat Casualty Care (TCCC) Card will be completed with TCCC- Patient Assessment casualty.				
1. Initiate documentation using the DD Form 1380 on each casualty				
a. Enter the casualty's battle roster number and evacuation category				
b. Enter casualty's Information: Name (Last, First), Last 4 SSN, Gender, Date, Time, Service, Unit, Allergies				
c. Mechanism of Injury: Mark "X" to all that apply				
d. Injury: Mark "X" to all that apply				
e. Signs & Symptoms: Pulse, Blood Pressure, Respiratory Rate, Pulse Ox percentage, AVPU rating, Pain scale				
f. List casualty's battle roster number and evacuation category				
g. Treatments: Mark "X" to all that apply (TQ, Dressing, Airway adjuncts, Breathing interventions, IV/Blood product replacement, Medications administered)				
h. Complete NOTES with additional medical information for casualty (1) Annotate AMPLE History				
i. List First Responder Name (Last, First), Last 4 SSN				
2. Attach the correctly completed TCCC Card to each casualty.				
3. Complete all required performance steps/measures.				
4. Met all administrative requirements for this task				
REASON(S) FOR FAILURE	DOES THE CANDIDATE WITH TO REBUT THIS TASK? (Candidate initials appropriate block)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO			
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE		

Worksheet # 004 to construct AMEDDC&S HRCOE Form 1232, 1 MAR 19