

<b>EFMB Test Score Sheet</b> <b>TCCC— TREAT A PENETRATING CHEST WOUND</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> TREAT A PENETRATING CHEST WOUND.		
<b>CONDITIONS:</b> Given a casualty in a simulated combat environment with a penetrating chest wound 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>		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
1. Take body substance isolation (BSI) precautions.		
2. Check the casualty for signs and symptoms of a penetrating chest wound.		
<b>NOTE:</b> Casualty will exhibit one or more of the following signs and symptoms.		
a. A "sucking" or "hissing" sound when the casualty inhales.		
b. Difficulty breathing.		
c. A puncture wound of the chest.		
d. An impaled object protruding from the chest.		
e. Froth or bubbles around the injury.		
f. Coughing up blood or blood-tinged sputum.		
g. Pain in the chest or shoulder.		
3. Expose the wound.		
<b>NOTE:</b> Do not remove clothing stuck to the wound.		
4. Seal the wound(s), covering the first wound encountered with an occlusive dressing (Commercial chest seal, field first aid dressing wrapper, petrolatum gauze, plastic wrap, or other occlusive material may be used).		
<b>NOTE:</b> All penetrating chest wounds should be treated as if they were sucking chest wounds. In an emergency, any airtight material can be used. It must be large enough so it is not sucked into the chest cavity.		
a. If using a field first aid dressing wrapper:		
(1) Cut the dressing wrapper on one long and two short sides and remove the dressing.		
(2) Apply the inner surface of the wrapper to the wound when the casualty exhales.		
(a) Ensure that the covering extends at least 2 inches beyond the edges of the wound.		
(3) Seal by applying overlapping strips of tape to four sides of the plastic covering.		
(4) Dress the wound.		
(a) Place a field first aid dressing over the seal and tie the ends directly over the wound.		
(b) Use padding material or another dressing for pressure and stability.		
(c) Dress the exit wound in the same way, if applicable.		
<b>CAUTION:</b> Ensure that the dressings are not tied so tightly that they interfere with the breathing process.		
b. If using an occlusive dressing with no organic valve:		
(1) Apply occlusive dressing to the wound when the casualty exhales.		
(a) Ensure that the covering extends at least 2 inches beyond the edges of the wound.		
(2) Seal by applying overlapping strips of tape to four sides of the plastic covering.		

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(3) Dress the wound.			
(a) Place a field first aid dressing over the seal and tie the ends directly over the wound.			
(b) Use padding material or another dressing for pressure and stability.			
(c) Dress the exit wound in the same way, if applicable.			
<b>CAUTION:</b> Ensure that the dressings are not tied so tightly that they interfere with the breathing process			
c. If using the Commercial chest seal			
(1) Use 4 X 4 gauze to clean and dry the area around the chest wound.			
(2) Peel off the protective paper liner, exposing the adhesive portion of the seal.			
(3) Place the chest seal directly over the wound when the casualty exhales.			
<b>NOTE:</b> Tape may be used to secure the edges of the Commercial chest seal if needed.			
<b>NOTE:</b> Assess the effectiveness of the flutter valve, if applicable, when the casualty breathes. When the casualty inhales, the plastic should be sucked against the wound, preventing the entry of air. When the casualty exhales, trapped air should be able to escape from the wound and out the flutter valve.			
5. Check for an exit wound.			
a. Log roll the casualty or have the conscious casualty sit up and examine the back for an exit wound.			
b. Cover the exit wound in the same way, if applicable			
<b>EVALUATOR STATES:</b> "THERE IS NO EXIT WOUND."			
6. Place the casualty in a sitting position or on their injured side (recovery position).			
7. Monitor the casualty.			
a. Monitor breathing and the wound seal.			
b. Assess the effectiveness of the flutter valve, if applicable			
c. Check vital signs.			
d. Observe for signs of shock.			
<b>CASUALTY STARTS GASPING FOR AIR AND STATES:</b> "I'M HAVING DIFFICULTY BREATHING." REPOSITIONING OF THE CASUALTY DOES NOT IMPROVE BREATHING.			
8. Perform a needle chest decompression if the casualty exhibits worsening shortness of breath (evaluator/casualty will indicate so). (Evaluated IAW Perform Needle Chest Decompression task).			
9. Did not cause further injury to the casualty.			
10. 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