

AMEDDC&S HRCOE PAM 350-10

EFMB Test Score Sheet
TCCC — TREAT AN OPEN ABDOMINAL WOUND
 (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 AN OPEN ABDOMINAL WOUND	
CONDITIONS: Given a casualty in a simulated combat environment with an open abdominal wound without protruding internal organs 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
1. Take body substance isolation (BSI) precautions.	<input type="checkbox"/> <input type="checkbox"/>
2. Position the casualty.	<input type="checkbox"/> <input type="checkbox"/>
a. Place the casualty on their back (face up).	<input type="checkbox"/> <input type="checkbox"/>
b. Flex the casualty's knees after the casualty assessment is completed.	<input type="checkbox"/> <input type="checkbox"/>
c. Turn the casualty's head to the side and keep the airway clear if vomiting occurs.	<input type="checkbox"/> <input type="checkbox"/>
3. Expose the wound.	<input type="checkbox"/> <input type="checkbox"/>
4. Apply a sterile abdominal dressing.	<input type="checkbox"/> <input type="checkbox"/>
a. Place the dressing directly on top of the wound.	<input type="checkbox"/> <input type="checkbox"/>
b. Secure the dressing loosely.	<input type="checkbox"/> <input type="checkbox"/>
NOTE: Dependent on the type of abdominal dressing being utilized, tie the dressing tails loosely in a non-slip knot at the casualty's side if applicable.	
CAUTION: DO NOT APPLY PRESSURE ON THE WOUND OR EXPOSE INTERNAL PARTS.	
c. If two dressings are needed to cover a large wound, repeat steps 4a and 4b. Ensure that the ties of additional dressings are not tied over each other.	<input type="checkbox"/> <input type="checkbox"/>
d. If necessary, loosely cover the dressings with cravats. Tie them on the side of the casualty, opposite that of the dressing ties.	<input type="checkbox"/> <input type="checkbox"/>
5. Did not cause further injury to the casualty.	<input type="checkbox"/> <input type="checkbox"/>
6. Met all administrative requirements for this task	<input type="checkbox"/> <input type="checkbox"/>
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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