

EFMB Test Score Sheet TCCC — TRIAGE CASUALTIES (For use of this form, see AMEDDC&S HRCOE Pam 350-10, the proponent is MCCS-OPE)		
CANDIDATE'S RANK AND NAME	CANDIDATE #	
TASK: TRIAGE CASUALTIES.		
CONDITIONS: Given casualties in a simulated combat environment with the necessary equipment to perform the task.		
STANDARDS: Perform all steps and measures correctly without causing further injury to the casualties.		
NOTE: THIS TASK HAS BEEN MODIFIED FOR EFMB TESTING PURPOSES ONLY.		
PERFORMANCE STEPS/MEASURES	GO	NO-GO
NOTE: Triage establishes the order of treatment, not whether treatment is given. A primary goal is to locate and return to duty troops with minor wounds. Give available treatment first to the casualties who have the best chance of survival. Assess and classify the casualties for the most efficient use of available medical supplies.		
1. Assess the tactical and environment situation.		
a. Determine whether casualties must be transported to a more secure area for treatment.		
b. Determine the number and location of the injured and severity of their injuries.		
NOTE: This is a form of triage for care under fire when you are not able to visually assess the casualties' injuries. A more definitive assessment of the casualties (triage) should be accomplished when the tactical situation permits IAW performance step/measure 3.		
(1) Call out, "If you can hear my voice and can walk, move to this area now" (minimal patients). Direct the casualties to move to cover and apply self-aid if able.		
(2) Call out, "If you can hear my voice but cannot walk, raise your hand and let me know" (delayed patients). Direct the casualties to "play dead" if they are unable to move and you are unable to move the casualty to cover due to direct enemy fire.		
NOTE: All casualties who do not respond should be considered either immediate or expectant.		
(3) Determine which casualties are immediate from expectant.		
c. Determine available assistance (self-aid, buddy-aid, and medical personnel).		
2. Assess the casualties and establish priorities for treatment.		
NOTE: The injuries listed under each triage category are examples. It is not all inclusive.		
a. Immediate. Casualties whose conditions demand immediate treatment to save life, limb, or eyesight. This group includes those Soldiers requiring lifesaving surgery. The surgical procedures in this category should not be time consuming and should concern only those patients with high chances of survival.		
(1) Upper airway obstruction.		
(2) Severe respiratory distress.		
(3) Life threatening bleeding.		
(4) Tension Pneumothorax.		
(5) Hemothorax.		
(6) Flail chest.		
(7) Extensive 2nd or 3rd degree burns.		
(8) Untreated poisoning (chemical agent) and severe symptoms.		
(9) Heat Stroke.		
(10) Decompensated shock.		
(11) Rapidly deteriorating level of consciousness.		
(12) Severe eye injuries.		
(13) Any other life threatening condition that is rapidly deteriorating.		

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b. Delayed. Casualties who have less risk of loss of life or limb if treatment is delayed. This group includes those wounded who are badly in need of time consuming surgery, but whose general condition permits delay in surgical treatment without unduly endangering life. Sustaining treatment will be required (i.e., stabilizing intravenous fluids, splinting, administration of antibiotics, catheterization, gastric decompression, and relief of pain).		
(1) Compensated shock.		
(2) Fracture, dislocation, or injury causing circulatory compromise.		
(3) Severe bleeding, controlled by a tourniquet or other means.		
(4) Suspected compartment syndrome.		
(5) Penetrating head, neck, chest, back, or abdominal injuries without airway or breathing compromise or decompensated shock.		
(6) Uncomplicated immobilized cervical spine injuries.		
(7) Large, dirty, or crushed soft tissue injuries.		
(8) Severe combat stress symptoms or psychosis.		
(9) Severe eye injuries without hope of saving eyesight.		
c. Minimal. These casualties have relatively minor injuries and can effectively care for themselves or can be helped by non-medical personnel.		
(1) Uncomplicated closed fractures and dislocations.		
(2) Uncomplicated or minor lacerations (including those involving tendons, muscles, and nerves).		
(3) Frostbite.		
(4) Strains and sprains.		
(5) Minor head or eye injury (loss of consciousness of less than five minutes with normal mental status and equal pupils).		
d. Expectant. Casualties in this category have wounds that are so extensive that even if they were the sole casualty and had the benefit of optimal medical resource application, their survival would be unlikely. The expectant casualty should not be abandoned, but should be separated from the view of other casualties. Using a minimal but competent staff, provide comfort measures for these casualties, if available.		
(1) Traumatic cardiac arrest.		
(2) Massive brain injury.		
(3) 2nd or 3rd degree burns over 70 percent of the body surface area.		
(4) Gunshot wound to the head with a Glasgow Coma Scale of 3.		
NOTE: Provide ongoing supportive care to expectant casualties if time and condition permits; keep separate from other triage categorized casualties.		
3. Establish a triage area separating the casualties by treatment priority IAW prescribed method.		
NOTE: The host unit will standardize how the candidates will establish the triage area (i.e., "Wheel Method" with the casualties organized in a circle with the medic in the middle to better monitor and treat the casualties IAW METT-T).		
4. Collect necessary information and communicate the medical situation to the medical officer and/or unit leadership (evaluator for testing purposes).		
NOTE: The communication of the medical situation is necessary for the medical officer and/or unit leadership to provide further medical treatment and to analyze the necessity for requesting medical evacuation of the casualties.		
a. Number of casualties.		
b. Each casualty's priority for treatment determined during triage.		
c. Special equipment required to evacuate the casualties, if applicable.		
d. Number of casualties by type, litter and/or ambulatory.		
e. Casualties' nationality and status, if other than United States Army.		

EVALUATOR STATES: "WHAT IS THE MEDICAL SITUATION?" WHEN THE CANDIDATE STATES THEY ARE READY TO GIVE THE MEDICAL SITUATION.		
EVALUATOR WRITES: THE MEDICAL SITUATION GIVEN BY THE CANDIDATE.		
Number of casualties: _____		
PT 1	PT 2	PT 3
PT 4	PT 5	
Each casualty's priority for treatment determined during triage: _____		
Special equipment required to evacuate the casualties: _____		
Number of casualties by type, litter and/or ambulatory: Litter _____ Ambulatory _____		
Casualties' nationality and status: _____		
5. Did not cause further injury to the casualties.		<input type="checkbox"/>
6. Met all administrative requirements for this task		<input type="checkbox"/>
REASON(S) FOR FAILURE	DOES THE CANDIDATE WISH TO REBUT THIS TASK? (CANDIDATE INITIALS APPROPRIATE BOX)	YES <input type="checkbox"/>
		NO <input type="checkbox"/>
LANE OIC/NCOIC INITIALS	EVALUATOR'S SIGNATURE	DATE