

COMPETENCIES FOR THE SICK CALL SCREENER

1. The Sick call screener (SCS) is expected to exercise clinical judgment and decision making augmented by established protocols and under direct supervision of a medical provider. In addition to their principal role of assessing and treating patients with routine minor injuries, they must be able to recognize the presence of emergent conditions, stabilize the patient if necessary, and initiate prompt referral to a higher level of care.

2. By initialing each section the Sick Call Screener Supervisor (SCSS), certifies the SCS has demonstrated sufficient competency in each of the functional areas below and is able to provide proper health care under supervision. These basic competencies reflect the skills a SCS must attain through training, education, and experience to provide health care in today's operational arena. **Competencies must be performed annually.**

a. **Patient Assessment** SCSS Init: _____

- (1) Complete medical history
- (2) Physical exam with vital signs
- (3) Accurate documentation in the subjective, objective, assessment, plan (SOAP) format
- (4) Recognize signs and symptoms associated with minor illnesses and injuries
- (5) Assist in developing a treatment plan
- (6) Patient interaction skills – professionalism, respect, empathy, sensitivity to psychosocial concerns, privacy awareness, discretion, and confidentiality
- (7) Recognize signs and symptoms of emergency illnesses and injuries

b. **Genitourinary** SCSS Init: _____

- (1) Testicular/ovarian torsion
- (2) Renal calculi
- (3) Sexually transmitted infection
- (4) Epididymitis
- (5) Hematuria
- (6) Sexually transmitted illnesses
- (7) Pelvic inflammatory disease

(8) Ectopic pregnancy

d. **Psychiatry** SCSS Init: _____

(1) Suicidal ideation or attempt

(2) Depression

(3) Substance use and abuse

e. **HEENT** SCSS Init: _____

(1) Headaches

(2) Corneal abrasions

(3) Orbital cellulitis

(4) Hordeolum/chalazion

(5) Conjunctivitis/Blepharitis

(6) Otitis media and externa

(7) Cerumen impaction/foreign body

(8) Epistaxis

(9) Sinusitis

(10) Rhinitis

(11) Eustachian tube dysfunction

(12) Tympanic membrane rupture

(13) Mastoiditis

(14) Pharyngitis/tonsillitis

(15) Peritonsillar abscess

f. **Respiratory** SCSS Init: _____

(1) Upper respiratory infection

- (2) Asthma
- (3) Bronchitis
- (4) Pneumonia
- (5) Influenza

g. **Cardiovascular** SCSS Init: _____

- (1) Chest pain
- (2) Hypertension
- (3) Hyperlipidemia

h. **Gastrointestinal** SCSS Init: _____

- (1) Appendicitis
- (2) Cholecystitis
- (3) Diarrhea
- (4) Gastroenteritis
- (5) Hemorrhoids
- (6) Gastroesophageal Reflux

i. **Orthopedics** SCSS Init: _____

- (1) Strains and sprains of major joints
- (2) Low back pain

j. **Dermatology** SCSS Init: _____

- (1) Psoriasis
- (2) Acne
- (3) Warts
- (4) Herpes (simplex, zoster, etc.)

(5) Contact dermatitis

(6) Corns and calluses

(7) Cellulitis

(8) Impetigo

(9) Tinea infections

k. **Neurology** SCSS Init: _____

(1) Radiculopathy

(2) Meningitis

(3) Mental status

l. **Environmental** SCSS Init: _____

(1) Heat injuries

(2) Cold injuries

(3) Snake envenomation

(4) Insect and Arachnid bites/stings

m. **Medical Procedures** SCSS Init: _____

(1) Staple and suture removal

(2) Wound care including débridement, wound irrigation, and applying and changing sterile dressings

(3) Perform venipuncture

(4) Initiate, maintain, discontinue, and document intravenous fluid therapy

(5) Perform basic splinting: ulnar gutter, thumb spica, long arm, posterior leg and sling

(6) Apply hot and cold therapy

(7) Administer medications (oral, sublingual, subcutaneous, intramuscular, and topical)

n. **Examination techniques and equipment** SCSS Init: _____

- (1) Inspection
- (2) Palpation
- (3) Auscultation
- (4) Percussion
- (5) Range of motion
- (6) Mini-Mental status examination
- (7) Snellen Chart
- (8) Otoscope
- (9) Stethoscope
- (10) Sphygmomanometer
- (11) Tuning fork
- (12) Reflex hammer
- (13) Pulse oximeter

SCS Signature: _____ Date: _____

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Copy to:
SCSP Manager
Training record
Service member