

Performance Checklist (PCL)Clinical Skill: **Patient Assessment (Medical)**Circle One: **Initial Evaluation****Re-Evaluation**

Command:

A. INTRODUCTION

Upon successful completion of this performance checklist, a Hospital Corpsmen (HM) assigned to Budget Submitting Office (BSO) 18 Patient Care Facility or Reserve command will be able to perform primary and secondary assessments in the pre-hospital setting on a live and/or simulated patient.

B. EQUIPMENT LIST: The primary evaluator is responsible for checking all of the equipment listed below is available and functional prior to the evaluation:

1. Live and/or simulated patient
2. Pen light
3. Blanket
4. Black ink pens
5. Stethoscope
6. Sphygmomanometer
7. Pulse oximeter
8. Thermometer
9. Oral airway adjunct
10. Nasal airway adjunct
11. Oxygen cylinder
12. Non-rebreather mask
13. Suction unit
14. Cervical collar
15. Spine board

C. REFERENCES

1. Emergency Care. – 13th Edition, Daniel Limmer, Michael F. O’Keefe; medical editor, Edward T. Dickinson; legacy authors, Harvey D. Grant, Robert H. Murray, Jr., J. David Bergeron.
2. Hospital Corpsman Skills Basic, BUMED INSTRUCTION 1510.23 (series)

D. SAFETY PRECAUTIONS

1. Evaluators, evaluatees and visitors must comply with all general safety procedures that are posted.
2. Evaluatees may not take equipment out of the lab.
3. Evaluatees will follow universal precautions and wear proper BSI.

E. JOB STEPS

PERFORMANCE CHECKLIST (PCL)
PATIENT ASSESSMENT (MEDICAL)

Evaluee Instructions:

1. The purpose of this performance checklist is to evaluate the HM's skill in performing primary and secondary assessments in the pre-hospital setting on a live and/or simulated patient.
2. The evaluee must attempt to perform each step and may be required to answer clarification questions from the evaluator.
3. The evaluee is not allowed to use the reference during the evaluation of this performance checklist.

Evaluator Instructions:

1. Evaluate one HM at a time.
2. Study the performance checklist and become proficient in using the rubric.
3. Before starting the evaluation, answer evaluee's questions and make sure they understand what they are supposed to do. Once readiness has been established, evaluate the HM's performance using the rubric and checklist provided below.

F. STANDARD

SATISFACTORY PERFORMANCE: The evaluee must achieve a minimum passing score of 70% (40 points) of all parts, with no critical (*) items missed.

UNSATISFACTORY PERFORMANCE: Failure to achieve a minimum passing grade of 70% (40 points). Evaluee who demonstrate unsatisfactory performance will be remediated and/or counseled IAW Reference 2.

G. DIRECTIONS FOR SCORING

Evaluators will use the "Maximum Points Performance" description to determine if the evaluee has successfully demonstrated the "Event" listed in the rubric below and should receive 2 points. Evaluees that require prompting may receive a partial point score of 1 point if the event is not a "Critical" event. The "Partial Points" column will be blacked out on the rubric for all "Critical" events, these events are annotated with an asterisk on the checklist. For non-critical events, the evaluee will receive 0 points if they do not successfully complete the event after evaluator prompting.

PERFORMANCE CHECKLIST (PCL)
PATIENT ASSESSMENT (MEDICAL)

Rubric

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
PERFORM SCENE SIZE-UP					
Don body substance isolation	2	Don body substance isolation		Critical	0
Determine if the scene is safe	2	Determine if the scene is safe		Critical	0
Determine nature of illness and consider need for spinal stabilization	2	Determine the nature of illness and consider need for spinal stabilization		Critical	0
Determine the number of patients	2	Determine the number of patients		Critical	0
Request for additional resources, as needed	2	Request for additional resources, as needed e.g. Request for, “fire fighters, security, additional medical teams, oxygen, stretcher bearers, advanced cardiac life support, medical evacuation, etc.”		Critical	0
PERFORM PRIMARY ASSESSMENT					
Form a general impression of the patient	2	Form a general impression: Verbalize, if the patient appears lifeless, (not breathing or ineffective, agonal or gasping breaths), has signs of life (responsiveness or breathing, with or without obvious altered mental status or anxiety	1	Prompt required	0
Treat immediate life threats	2	Treat immediate life threats		Critical	0
Determine the level of consciousness of the patient	2	Determine the level of consciousness of the patient using AVPU the patient is alert and oriented to person, place or time, patient responds to verbal stimuli, painful stimuli or is unresponsive	1	Prompt required	0
Perform manual stabilization	2	Perform manual stabilization of the head and neck		Critical	0

**PERFORMANCE CHECKLIST (PCL)
PATIENT ASSESSMENT (MEDICAL)**

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Assess airway	2	Assess the airway using the look, listen and feel method. If the patient's airway is not open, open the airway using the head-tilt and chin-lift or jaw thrust maneuver, taking the mechanism of injury into consideration. Suction and place airway adjunct		Critical	0
Assess breathing	2	Assess breathing using the look, listen and feel method. Determined if respirations are adequate observing rate, rhythm, quality and depth		Critical	0
Assess circulation	2	Check for a carotid or radial pulse (determined within normal limits, slow or fast), bleeding, skin color, temperature and condition		Critical	0
Determine patient transport priority	2	Determine the patients transport priority	1	Prompt required	0
PERFORM SECONDARY ASSESSMENT ON A RESPONSIVE PATIENT(FOCUSED MEDICAL EXAMINATION)					
Obtain history of present illness	2	Obtain the patient's history of present illness from chief complaint and using the mnemonic OPQRST	1	Prompt required	0
Obtain past medical history	2	Obtain the patient's past medical history using the mnemonic SAMPLE. In the unresponsive patient relatives or friends may be interviewed	1	Prompt required	0
Perform a focused medical examination	2	Perform a focused medical examination based on chief complaint and NOI. Inspect, auscultate and palpate affected body system(s)	1	Prompt required	0
Obtain vital signs	2	Obtain vital signs: respirations, pulse, skin, pupils, blood pressure, and oxygen saturation		Critical	0

PERFORMANCE CHECKLIST (PCL)
PATIENT ASSESSMENT (MEDICAL)

Event	Max Points	Maximum Points Performance	Partial Points	Partial Points Performance	Failing Points
Perform interventions	2	Make all appropriate interventions based upon patient complaint, history and physical examination	1	Prompt required	0
Transport appropriately	2	Transport appropriately, if not previously performed	1	Prompt required	0
PERFORM SECONDARY ASSESSMENT ON AN UNRESPONSIVE PATIENT(RAPID MEDICAL EXAMINATION)					
Reassess ABCs and effectiveness of any critical interventions	2	Reassess ABCs and effectiveness of any critical interventions		Critical	0
Physical examination	2	Perform a head-to-toe rapid physical examination using DCAPT BTLS	1	Prompt required	0
Obtain vital signs	2	Obtain vital signs: respirations, pulse, skin, pupils, blood pressure, and oxygen saturation		Critical	0
Obtain HPI	2	Obtain HPI from bystanders, friends or relatives, if possible	1	Prompt required	0
Obtain PMH	2	Obtain PMH from bystanders, friends or relatives, if possible	1	Prompt required	0
Perform interventions	2	Make all appropriate interventions based upon bystander report of history and physical examination		Critical	0
Transport appropriately	2	Transport appropriately, if not previously performed		Critical	0
PERFORM REASSESSMENT					
Perform reassessment	2	Repeat the primary assessment, pertinent parts of the secondary assessment, vital signs, and interventions as needed. Repeat vital signs every 5 minutes for unstable patients and every 15 minutes for stable patients		Critical	0
Present the findings and interventions	2	Present the findings and interventions of the assessment to the provider/team	1	Prompt required	0

PERFORMANCE CHECKLIST (PCL)
PATIENT ASSESSMENT (MEDICAL)

Evaluee: _____ Evaluator: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points Points
Awarded

PERFORM SCENE SIZE-UP		
*Don body substance isolation	2	
*Determine if the scene is safe	2	
*Determine the nature of illness and considered need for spinal stabilization	2	
*Determine the number of patients	2	
*Request for additional resources, as needed	2	
SUBTOTAL	10	
PERFORM PRIMARY ASSESSMENT		
Form a general impression	2	
*Treat immediate life threats	2	
Determine level of consciousness using AVPU	2	
*Perform manual stabilization of the head and neck	2	
*Assess airway	2	
*Assess breathing	2	
*Assess circulation	2	
Determine patients transport priority	2	
SUBTOTAL	16	
PERFORM SECONDARY ASSESSMENT ON A RESPONSIVE PATIENT(FOCUSED MEDICAL EXAMINATION)		
Obtain the patient's history of present illness	2	
Obtain the patient's past medical history	2	
Perform a focused medical examination	2	
*Obtain vital signs	2	
Perform interventions	2	
Transport appropriately, if not previously performed	2	
SUBTOTAL	12	
PERFORM SECONDARY ASSESSMENT UNRESPONSIVE PATIENT(RAPID MEDICAL EXAMINATION)		
*Reassess ABCs and any critical interventions	2	
Perform rapid physical examination	2	
*Obtain vital signs	2	
Obtain HPI from bystanders	2	
Obtain PMH from bystanders	2	
*Perform interventions	2	
*Transport appropriately, if not previously performed	2	
SUBTOTAL	14	

PERFORMANCE CHECKLIST (PCL)
 PATIENT ASSESSMENT (MEDICAL)

PERFORM REASSESSMENT		
*Perform reassessment	2	
Present findings and interventions to the evaluator	2	
SUBTOTAL	4	
TOTAL POINTS POSSIBLE	56	
TOTAL POINTS SCORED BY EVALUEE		

PERFORMANCE CHECKLIST TOTAL SCORE	Possible Points	Points Awarded
PERFORM SCENE SIZE-UP	10	
PERFORM PRIMARY ASSESSMENT	16	
PERFORM SECONDARY ASSESSMENT ON A RESPONSIVE PATIENT(FOCUSED MEDICAL EXAMINATION)	12	
PERFORM SECONDARY ASSESSMENT ON A UNRESPONSIVE PATIENT(RAPID MEDICAL EXAMINATION)	14	
PERFORM REASSESSMENT	4	
SUBTOTAL	56	
TOTAL POINTS SCORED BY EVALUEE		

Evaluator Signature: _____ Date: _____ PASS / FAIL