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| **Illinois EMSC Pediatric Skills Evaluation** | | | | |
| **EXTREMITY BLEEDING CONTROL** | | | | |
| **Provider Name:** | Click here to enter text. |  | **Date:** | Date |
| **Evaluator Name:** | Click here to enter text. | | | |

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| **EXPECTED SKILLS** | **COMPLETED** |
| Follows or verbalizes Standard Precautions and utilizes appropriate PPE |  |
| Applies direct pressure to the wound |  |
| Elevates the extremity |  |
| ***NOTE: The evaluator must now inform the provider that the wound continues to bleed.*** | |
| Applies an additional dressing to the wound |  |
| ***NOTE: The evaluator must now inform the provider that the wound still continues to bleed. The second dressing does not control the bleeding*** | |
| Applies a commercial tourniquet |  |
| Documents time of tourniquet application on tourniquet or on patient |  |
| ***NOTE: Evaluator must now inform the provider that the bleeding is controlled*** | |
| Applies dressing to cover the wound |  |
| ***NOTE: The evaluator must now inform the provider the patient is now showing signs and symptoms indicative of hypoperfusion*** | |
| Properly positions the patient (elevates legs) |  |
| Applies high concentration oxygen |  |
| Initiates steps to prevent heat loss from the patient |  |
| Indicates the need for immediate transportation |  |

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| **Critical Issues** | |
|  | Did not follow or verbalize Standard Precautions or utilize appropriate PPE |
|  | Applied a tourniquet before attempting other methods of bleeding control |
|  | Did not control hemorrhage in a timely manner |
|  | Did not document time of tourniquet application on tourniquet or on patient |
|  | Did not initiate steps to prevent heat loss in the patient |
|  | Did not apply high concentration of oxygen |