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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 |