**SKILL: BLEEDING CONTROL/SHOCK MANAGEMENT**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | Takes, or verbalizes, body substance isolation precautions |  |  |  |  |
|  | Applies direct pressure to the wound |  |  |  |  |
|  | Elevates the extremity |  |  |  |  |
|  | *Note: The examiner must now inform the candidate that the wound continues to bleed.* |  |  |  |  |
|  | Applies an additional dressing to the wound |  |  |  |  |
|  | *Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.* |  |  |  |  |
|  | Locates and applies pressure to appropriate arterial pressure point |  |  |  |  |
|  | *Note: The examiner must now inform the candidate that the bleeding is controlled* |  |  |  |  |
|  | Bandages the wound |  |  |  |  |
|  | *Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion* |  |  |  |  |
|  | Properly positions the patient |  |  |  |  |
|  | Applies high concentration oxygen |  |  |  |  |
|  | Initiates steps to prevent heat loss from the patient |  |  |  |  |
|  | Indicates the need for immediate transportation |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

References:

* PHECC

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_