



TRAUMA SKILLS COMPETENCY CHECKOFF SHEET

Student Name: _____

Course: _____

Splinting & Immobilization (NREMT) Instructor sign/date

- Manual Stabilization _____
- Extremity Splinting _____
- Joint _____
- Long _____
- Traction _____

Spinal Immobilization (NREMT)

- Manual Stabilization _____
- Cervical Collar _____
- Head Blocks/CID _____
- Long Board _____
- Seated Spinal _____

Hemorrhage Control/Shock (NREMT)

- Bandaging _____
- Direct Pressure _____
- Tourniquet _____
- Shock Management _____

Trauma Patient Assessment (NREMT)

- Primary assessment _____
- Secondary assessment _____
- SAMPLE _____
- OPQRST _____

Chest Injury

- Blunt Trauma _____
- Penetrating _____

Abdominal Injuries

- Assessment _____
- Prioritization _____
- Management _____

Impaled Objects

- Extremities Injury _____
- Eye Injury _____

- Jaw Thrust Maneuver _____
- Modified jaw thrust _____
- Mechanical Patient Restraints**
 - Commercial Restraints _____
 - Kling or Improvised _____
- PPE & BSI requirements and application _____
- Nosebleed _____
- Eye Irrigation _____
- Rapid Manual Extraction _____
- Landing Zone – Helicopter _____
- MAST pants (not in Texas) _____

Instructor Comments: _____

Lead Instructor Name: _____ Date Completed: _____

Instructor Signature: _____