

## APPLY A COMBAT APPLICATION TOURNIQUET®

For use of this form see TC 8-800; the proponent agency is TRADOC.

**TABLE:** I  
**REFERENCE:** STP 8-68W13-SM-TG, Task: 081-833-0065 Apply a Combat Application Tourniquet

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. § 3013 Secretary of the Army; AR 350-1, Army Training Leadership and Development.  
**PRINCIPAL PURPOSE:** To ensure that accomplishment of training is properly credited to the correct individual for NREMT certification IAW AR 40-68, AR 220-1 and AR 350-1.  
**ROUTINE USES:** Used by Unit personnel to monitor training. The DOD "Blanket Routine uses" set forth at the beginning of the Army's compilation of system of records notices may apply to this system.  
**DISCLOSURE:** Voluntary. Failure to provide your name may result in a loss of credit for accomplishing the training or error in processing applicable favorable personnel actions. For Official Use Only.

1. **Soldier** (Last Name, First Name, MI) \_\_\_\_\_ 2. **Date** (YYYYMMDD) \_\_\_\_\_

### SCENARIO:

Your infantry squad has been assigned the task to patrol the outskirts of a village. To your front, a mortar round impacts near your squad's point man; you drag the Soldier behind cover and perform your initial assessment. The patient is conscious and has a severe mutilating injury of his left lower leg. You must apply a combat application tourniquet® (C-A-T) to control the bleeding.

### GRADING SHEET

TASK	COMPLETED					
	1ST		2ND		3RD	
	P	F	P	F	P	F
<b>3. Performance Measures</b>						
a. Took body substance isolation precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exposed the wound by cutting away the patient's clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Removed the C-A-T® from the patient's individual first aid kit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Placed the C-A-T® 2 to 3 inches above the wound around the injured extremity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pulled the free end of the self-adhering band through the buckle and routed it through the friction adapter buckle. It is not necessary to route through the friction adapter on an arm wound.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pulled the self-adhering band tight around the extremity and fastened it back on itself as tightly as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Twisted the windlass until bleeding stopped. This should occur in three rotations of the windlass.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Locked the windlass in place with the windlass clip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Secured the windlass in the windlass strap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Assessed for absence of a distal pulse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Placed a "T" and the time of application on the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Secured the C-A-T® in place with tape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Documented treatment on DD Form 1380 [Tactical Combat Casualty Care (TCCC) Card].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Demonstrated Proficiency** Yes  No

<b>5. Start Time</b>	<b>6. Stop Time</b>	<b>7. Initial Evaluator</b>
<b>8. Start Time</b>	<b>9. Stop Time</b>	<b>10. Retest Evaluator</b>
<b>11. Start Time</b>	<b>12. Stop Time</b>	<b>13. Final Evaluator</b>

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**APPLY A COMBAT APPLICATION TOURNIQUET  
GRADING SHEET (cont'd)**

14. Evaluator's Comments