Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

Bleeding Control / Shock Management

Scenario #:

Same Day Retest ☐

LEVEL TESTED: ☐ **EMR** ☐ **EMT**

Date: ____/ ____/ ____ **Test Site Location:**_____

Candidate's Name: _____ **#:** _____ **End Time:**_____

Evaluator's Name: _____ **Start Time:** _____

Evaluator's Signature: _____ **Total Time:** _____

By signing above, I affirm that to the best of my knowledge, this document is an accurate objective evaluation of the above named candidate. I further affirm that this document was completed in accordance with Office of EMS policies and I have no conflicts of interest or bias for the evaluated candidate.

	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI)	1	
Applies direct pressure to wound with dressings	1	
Note: The evaluator must now inform the candidate, "The wound continues to bleed."		
Applies tourniquet	1	
Note: The evaluator must inform the candidate, "The bleeding is now controlled."		
Verbalizes dressing and bandaging the wound appropriately	1	
Note: The evaluator must inform the candidate, "The patient is now showing signs and symptoms indicative of shock."		
Properly positions the patient with body supine	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation of the patient	1	
TOTAL:	8	

☐P ☐F

OEMS Examiner Review

Initials: _____

Bubble 4 AND Wound Location on Scanform if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet!)

☐ 131- Did not take or verbalize standard precautions (BSI)
☐ 132- Did not apply high concentration of oxygen.
☐ 134- Did not control hemorrhage.
☐ 135- Did not indicate a need for immediate transportation.
☐ 136- Did not receive 6 or more points.

Wound Location:
☐ 137- ARM ☐ 138- LEG