

Tourniquet · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 60 s · Bleeding-limb trainer, two commercial tourniquets, pulse simulation, time marker

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Identify spurting/ongoing bleeding and promptly select a commercial tourniquet.

☐0 ☐1 ☐2 Observed evidence:_____

2. Place on skin proximal to wound, off a joint, and state selected-system distance.

☐0 ☐1 ☐2 Observed evidence:_____

3. Tighten until bleeding stops and palpate absence of distal pulse.

☐0 ☐1 ☐2 Observed evidence:_____

4. Add a second for failure and recheck both effects.

☐0 ☐1 ☐2 Observed evidence:_____

5. Expose, mark time and hand over conversion conditions/contraindications.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Declare success despite bleeding or distal pulse

Feedback / next improvement:_____

Sources: TCCC 2024, Chinese prehospital2026, Chinese shock2023

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Bag-mask ventilation · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 120 s · Airway manikin, two-person mask, oxygen/reservoir, monitor

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Connect oxygen/reservoir and check flow/monitoring.

☐0 ☐1 ☐2 Observed evidence:_____

2. Use jaw support with SMR and clear visible secretions.

☐0 ☐1 ☐2 Observed evidence:_____

3. Coordinate a two-hand seal and confirm chest rise aloud.

☐0 ☐1 ☐2 Observed evidence:_____

4. Give slow adult breaths around 10/min without excessive rise.

☐0 ☐1 ☐2 Observed evidence:_____

5. Correct leak/absent rise immediately and state airway escalation.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Continue ineffective ventilation without chest rise

Feedback / next improvement:_____

Sources: BTS emergency oxygen guideline (2017), RCUK special-circumstances resuscitation (2025), NICE NG41, AHA adult BLS2025

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Trauma intubation · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 240 s · Videolaryngoscope/manikin/suction/backup SGA/CO₂/resuscitation props

0 omitted/unsafe; 1 prompted; 2 independent; total 10; critical failure overrides.

1. Assign airway/assistant/monitor and start hypotension resuscitation/preoxygenation.

☐0 ☐1 ☐2 Observed evidence:_____

2. Check suction/VL/bag/backup SGA and state rescue plan.

☐0 ☐1 ☐2 Observed evidence:_____

3. State dose titration/SMR and document a trainer attempt/change.

☐0 ☐1 ☐2 Observed evidence:_____

4. Stop on hypoxia/failure, restore oxygen and state 3+1 maximum.

☐0 ☐1 ☐2 Observed evidence:_____

5. Observe sustained CO₂, secure tube and review pressure/depth.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Declare success without sustained waveform CO₂

Feedback / next improvement:_____

Sources: DAS intubation 2025, JTS trauma anesthesia 2021/2023, NICE NG41

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Emergency front-of-neck airway · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 180 s · FONA trainer,#10 scalpel,bougie,6.0 cuffed tube,CO₂

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Declare CICO/call help/continue oxygen.

☐0 ☐1 ☐2 Observed evidence:_____

2. List#10/bougie/6.0 tube and identify trainer membrane.

☐0 ☐1 ☐2 Observed evidence:_____

3. On trainer, follow the declared version: 2015 palpable transverse/impalpable 8–10 cm vertical, or 2025 vertical ≤ 8 cm; identify membrane, stab and rotate 90° caudally.

☐0 ☐1 ☐2 Observed evidence:_____

4. Control bougie depth and guide cuffed tube without force.

☐0 ☐1 ☐2 Observed evidence:_____

5. Inflate/ventilate/confirm sustained CO₂ and secure.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Wait instead of skilled CICO rescue, or omit waveform

Feedback / next improvement:_____

Sources: DAS 2015: palpable/impalpable membrane pathways, DAS intubation2025, NICE NG41

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Needle decompression · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 120 s · Chest-wall trainer,two site markers,long14G/10G catheter,monitor

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Declare suspected tension from unilateral sounds/shock.

☐0 ☐1 ☐2 Observed evidence:_____

2. Mark correct side/fourth-fifth interspace anterior to midaxillary.

☐0 ☐1 ☐2 Observed evidence:_____

3. Select long14G/10G catheter and demonstrate rib-superior approach.

☐0 ☐1 ☐2 Observed evidence:_____

4. Compare breathing/oxygen/perfusion, not stop at a hiss.

☐0 ☐1 ☐2 Observed evidence:_____

5. Explain alternate-site new catheter and finger/drain rescue.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Wrong side/site or waiting for CT in instability

Feedback / next improvement:_____

Sources: TCCC 2024, Chinese prehospital2026, NICE NG39, WSES-AAST thoracic2025

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Tube thoracostomy · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 300 s · Chest trainer,large/small drains,pigtail,water seal,fixation/output props

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Verbally check side/indication/sterility/analgesia.

☐0 ☐1 ☐2 Observed evidence:_____

2. Locate safe triangle and perform trainer blunt pleural access.

☐0 ☐1 ☐2 Observed evidence:_____

3. Select size by stability and ensure all holes intrapleural.

☐0 ☐1 ☐2 Observed evidence:_____

4. Connect water seal/secure/record initial output and breathing effect.

☐0 ☐1 ☐2 Observed evidence:_____

5. Report hourly output/ongoing shock and surgical triggers.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Wrong side/site or no drainage-system connection

Feedback / next improvement:_____

Sources: WSES-AAST thoracic2025, EAST hemothorax2021, NICE NG39, EAST 2011: hemothorax output and physiology

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

EFAST · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 240 s · Ultrasound simulator,abdomen/pericardium/bilateral-pleura clips,view list

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Save representative right/left upper-abdominal and pelvic views.

☐0 ☐1 ☐2 Observed evidence:_____

2. Save subxiphoid pericardial view and report limitation.

☐0 ☐1 ☐2 Observed evidence:_____

3. Compare bilateral pleural sliding/fluid.

☐0 ☐1 ☐2 Observed evidence:_____

4. Report positive/negative/limited views/time without overclaiming.

☐0 ☐1 ☐2 Observed evidence:_____

5. Choose control/repeat/CT by stability and explain negative limits.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Declare all hemorrhage excluded by negative FAST

Feedback / next improvement:_____

Sources: NICE NG39, RCH: major pediatric trauma primary survey, WSES pelvic 2017

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Pelvic binder · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 90 s · Pelvis trainer,binder,trochanter markers,skin-risk card

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Identify suspected pelvic hemorrhage and avoid repeated springing.

☐0 ☐1 ☐2 Observed evidence:_____

2. Identify both trochanters and mark centerline.

☐0 ☐1 ☐2 Observed evidence:_____

3. Check associated-injury constraints before appropriate adduction/rotation.

☐0 ☐1 ☐2 Observed evidence:_____

4. Place at trochanter level and tighten per device.

☐0 ☐1 ☐2 Observed evidence:_____

5. Review skin/perfusion, timestamp and hand over replacement stabilization.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Accept iliac-crest/waist placement

Feedback / next improvement:_____

Sources: WSES pelvic 2017, NICE NG37, Chinese shock2023

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.

Extremity splinting · OSCE

Learner:_____ Instructor:_____ Date:_____

Simulation limit: 240 s · Limb trainer,splint,saline dressing,circumferential bandage,neurovascular card

0 omitted/unsafe;1 prompted;2 independent;total10;critical failure overrides.

1. Record pre-splint sensation/motor/pulse and open wound.

☐0 ☐1 ☐2 Observed evidence:_____

2. Cover open wound with moist/occlusive dressing and state antibiotic timing.

☐0 ☐1 ☐2 Observed evidence:_____

3. Check pelvis/ipsilateral knee-ankle traction contraindications.

☐0 ☐1 ☐2 Observed evidence:_____

4. Pad/stabilize adjacent joints then compare neurovascular baseline.

☐0 ☐1 ☐2 Observed evidence:_____

5. For progressive pain release circumferential layers, heart-level limb and escalate.

☐0 ☐1 ☐2 Observed evidence:_____

Total:____ / 10 Critical failure: Omit post-splint neurovascular checks or tighten despite worsening

Feedback / next improvement:_____

Sources: NICE NG37, NICE NG41

Follow institutional policy; supervised trainer practice. Scores do not authorize real procedures.