OFFICE OF EMERGENCY MEDICAL SERVICES
VIRGINIA DEPARTMENT OF HEALTH

Bleeding Control/Shock Management

Random Station #: _____
Scenario #: _____

LEVEL TESTED: ☐ FR/EMR ☐ EMT-B/EMT ☐ EMT-Inst/EC

Date: _____ Test Site Location: _____

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

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI)	1	0
Applies direct pressure to wound with dressings	1	0
Note: The evaluator must now inform the candidate, "The wound continues to bleed."		
Applies tourniquet	1	0
Note: The evaluator must inform the candidate, "The bleeding is now controlled."		
Verbalizes dressing and bandaging the wound appropriately	1	0
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	0
Applies high concentration oxygen	1	0
Initiates steps to prevent heat loss from the patient	1	0
Indicates the need for immediate transportation of the patient	1	0
TOTAL:	**8**	

☐P ☐F

Submit Via Email

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