

PATIENT ASSESSMENT MEDICAL

SCENE SIZE-UP

BSI - Gloves: Mask: Goggles: Gown: PRN

Scene Safety - Personal: Patient: Bystander

Mechanism Of Injury / Nature Of Illness

Medical - Why was EMS activated? How many pts? Need Additional help?

Trauma - MOI? How many injured? Need Additional help?

CONSIDER STABILIZATION OF SPINE

INITIAL ASSESSMENT - assessment and interventions of life threats

GENERAL IMPRESSION OF THE PATIENT - How does the pt. Look ... Ill Or Injured? Age: Sex : Race:

DETERMINE RESPONSIVENESS / LEVEL OF CONSCIOUSNESS - AVPU

C / C - What's Wrong? Life Threatening?

AIRWAY - IS the airway open & clear?

Noisy Breathing - snoring; gurgling; wheezing; vomiting; stridor?

Responsive pt - Talking? Crying? Need to open airway?

Unresponsive pt - Need to open airway? Head-Tilt-Chin-Lift or Jaw Thrust?

SUCTION PRN -OPA/NPA PRN

BREATHING - is breathing adequate?

Crepitation; breath sounds; Accessory muscle use; Nasal flaring (pediatrics)

Responsive pt - Breathing adequate? May need O₂

Greater than 29? Less than 10? NRB @15LPM

Unresponsive pt - Breathing adequate - Maintain Open Airway... NRB @ 15LPM

Breathing inadequate - Maintain Open Airway... BVM @ 15LPM

TREAT LIFE THREATS THAT INTERFERE WITH ADEQUATE BREATHING

CIRCULATION -is perfusion adequate?

If unresponsive - check presence of carotid pulse

If responsive - check radial pulse ... can't feel of weak; compare it to carotid pulse

[<1 year old check brachial pulse]

Hemorrhage - Control if major

Perfusion - CNBR in children < 6 years. On adults - can assess color in nail beds; lips; conjunctiva.

Skin - CTC - Color; Temperature; Condition

TREAT LIFE THREATS THAT INTERFERE WITH ADEQUATE CIRCULATION

Transport decision

FOCUSED HISTORY AND PHYSICAL EXAM

if pt is responsive & can be interviewed begin with - HPI - (see attached sheet)

if pt is unresponsive (unable to be interviewed) perform rapid assessment

FOCUSED PHYSICAL EXAM

Guided by the pt's c/c (assess affected body part/system during the initial assessment)

HISTORY

Sign and Symptoms (some information already obtained during the initial assesment)

Allergies

Medications

Past Pertinent History

Last oral intake (solid or liquid)

Events leading to present illness (eliminate trauma)

BASELINE VITAL SIGNS

Resperations - calculate rate; verbalize quality

Pulse - calculate rate;

Blood Pressure - auscultation is the preferred method

Skin - CTC - color, temperature and condition

Pupils -PEARRRL-A... use a penlight... if too bright cover each eye a few seconds & then uncover it

ONGOING ASSESSMENT

Repeat the **INITIAL ASSESSMENT**

Repeat **VITAL SIGNS** - @ least 15 min. for stable pts... @ least every 5 min. for unstable pts...

Repeat Focused Assessment

Evaluate interventions