INTRODUCTION

- What is Patient Assessment?
- Why is Patient Assessment important?
What are the phases of patient assessment?
- Review of Dispatch Information
- Scene Survey
- Initial Assessment
- Focused History and Physical Exam
- Detailed Physical Exam
- Ongoing Assessment
- Communication
- Documentation
INTRODUCTION

- Why is the order of Patient Assessment important?
- Why is it necessary to develop a method of assessment and use that method on all patients?
-PATIENT ASSESSMENT-

SCENE SIZE-UP

INITIAL ASSESSMENT

FOCUSED HISTORY & PHYSICAL EXAM

DETAILED PHYSICAL EXAM

FOCUSED HISTORY & PHYSICAL EXAM

DETAILED PHYSICAL EXAM

ON-GOING ASSESSMENT

Medical Patient

Trauma Patient

MECTA EMS Learning Assistant
Scene Size Up

- Begin with receipt of call
  - Location
  - Incident
  - Injured/Injuries
Scene Size Up

- Continue En Route
  - Further info from dispatcher
  - Observe
    - Smoke?
    - Fire?
    - High line wires?
    - Railroads?
    - Water?
    - Industry?
    - Other Public Safety units?
Scene Size Up

- Upon Arrival
  - Observe
    - Overall scene
    - Location of victim(s)
    - Possible Mechanisms of Injury
Scene Size Up

- Upon Arrival
  - Observe
    - Hazards
      - Crowds
      - HazMat
      - Electricity
      - Gas
      - Fire
      - Glass
      - Jagged metal
      - Stability of environment
      - Traffic
      - Environment
Scene Size Up

- Ensure Safety
  - Yourself
  - Partner
  - Other rescuers/Bystanders
  - Patient
Scene Size Up

- Call for assistance
  - Other EMS Units
  - Law Enforcement
  - Fire Department
  - HazMat
  - Negotiating Team
  - etc.
Scene Safety & Personal Protection

- Body Substance Isolation
  - Hand washing
  - Gloves & eye protection
  - Mask & gown
Scene Safety & Personal Protection

- Protective Clothing
  - Cold weather clothing
    - Dress in layers
  - Turnout gear
    - Provides head-to-toe protection
- Gloves
  - Use proper gloves for job being performed
Scene Safety & Personal Protection

- Protective Clothing (Cont.)
  - Helmets
    - Must be worn in any fall zone
  - Boots
    - Should protect your feet, fit well, be flexible
Scene Safety & Personal Protection

- Protective Clothing (Cont.)
  - Eye & ear protection
    - Should be used on rescue operations
  - Sin protection
    - Use sun block when working outdoors
Scene Safety & Personal Protection

- Violent Situation
  - Civil disturbances
  - Domestic disputes
  - Crime scenes
  - Large gatherings
Scene Safety & Personal Protection

- Behavioral Emergencies
  - Determinants of violence
    - Past History
    - Posture
    - Vocal Activity
    - Physical activity
Immunizations

- Tetanus-Diphtheria
- Measles vaccine
- Rubella Vaccine
- Mumps Vaccine
- Flu vaccine
- Hepatitis vaccine
Your personal safety is of the utmost importance. You must understand the risks of each environment you enter!
Purpose
- To rapidly identify & correct life threats
- To identify those patients who need rapid evacuation
  - Minimum Time on scene - Maximum Care En Route
Initial Assessment

- General Impression
  - Using the facts gathered to this point, what is your first impression of the patient’s condition?

- Chief Complaint
Initial Assessment

- Mental Status (Level of Consciousness)
  - A - Alert
  - V - Verbal
  - P - Painful
  - U - Unresponsive
Initial Assessment

- Identify Life Threats
  - **Airway**
    - Control C-spine (If trauma suspected)
    - Open-Clear-Maintain
Initial Assessment

- Breathing
  - Look
  - Listen
  - Feel
  - Bare chest if respiratory distress apparent

Initiate O₂ & Assure Adequate Ventilation
Initial Assessment

- **Circulation**
  - Major Bleeding
    - (Control & assess for major chest trauma)

- Pulse (Rapid/Slow : Weak/Bounding)
  - Radial >80 systolic
  - Femoral >70 systolic
  - Carotid >60 systolic
Initial Assessment

- **Circulation (cont.)**
  - Capillary Refill
  - Skin Color
    - Pale
    - Ashen
    - Cyanotic
    - Mottled
    - Red
Initial Assessment

- **Circulation (cont.)**
  - Skin Temperature
    - Hot (warm)
    - Cool
  - Skin Condition
    - Moist
    - Dry
    - Skin Turgor
Initial Assessment

- **Expose**
  - Head/Neck
  - Chest
  - Abdomen
    - FOR LIFE THREATENING Illnesses or Injury (Disability)

- **High Priority Patients Require Immediate Transport**
Rapid Transport Criteria

- Consider ALS intercept
- If, during the Initial Assessment, you encounter a life-threatening condition that your intervention cannot alleviate, you should rapidly evacuate/transport to someone who can.
  -ALS
  -Air Flight (NE LifeFlight)
Criteria for Rapid Transport -HIGH Priority

- Poor General Impression
- Unresponsive - no gag or cough reflex
- Responsive - unable to follow commands
- Cannot establish / maintain patent airway
- Difficulty breathing / Resp. distress
Criteria for Rapid Transport

- Poor perfusion
- Uncontrolled bleeding
- Severe pain in any part of the body
- Severe chest pain
- Inability to move any part of body
Criteria for Rapid Transport

- Complicated childbirth
- High body temp (above 104° F)
- Signs of generalized hypothermia
- Severe allergic reaction (anaphylaxis)
- Poisoning or overdose of unknown nature
Focused History & Physical Exam - Trauma

- **Purpose**
  - Obtain Chief Complaint
    - What happened to the patient?
  - Evaluate Chief Complaint
    - What circumstances surround this incident?
    - Is the Mechanism of Injury a high risk for injury?
  - Conduct Physical Exam
  - Obtain Baseline Vital Signs
Re-evaluate Mechanism of Injury (MOI)

- Significant MOI? Yes/No
- Is patient unresponsive or disoriented?
  - Can they participate in examination?
- Is the patient under the influence of drugs or alcohol?
  - Can they participate in examination?
Patients with Significant MOI

- RAPID TRAUMA ASSESSMENT
  - Head-to-Toe Physical Exam
  - Palpation
  - Auscultation
  - Other Senses
Patients with Significant MOI

- RAPID TRAUMA ASSESSMENT
  - DCAP-BTLS
    - D - Deformities
    - C - Contusions
    - A - Abrasions
    - P - Punctures/Penetrations
    - B - Burns
    - T - Tenderness
    - L - Lacerations
    - S - Swelling
Patients with Significant MOI

- Baseline Vital Signs
  - More than one set
  - Look for “trending”
Patients with Significant MOI

- History  **S-A-M-P-L-E**
  - **S** - Signs & Symptoms
  - **A** - Allergies
    - Medications
    - Foods
    - Environment
Patients with Significant MOI

- **M** - Medications
  - Are you taking any?
  - When did you last take your medication?
  - What are they?
  - What are they for?
  - May I see them?
  - May we take them with us?
Patients with Significant MOI

- P - Previous Medical History
  - Pertinent
  - Related to this complaint
  - Complicating factor
Patients with Significant MOI

- **L** - Last Oral Intake
  - Food and/or Drink?
  - What?
  - When?
Patients with Significant MOI

- **E** - Events leading up to the incident
  - What happened?
  - When?
Patients with NO Significant MOI

- Assess Chief Complaint
- Focused Assessment
- Baseline Vitals
- **SAMPLE** History
Focused History & Physical Exam - Medical

- Patient Responsive? Yes/No
- AVPU
  - A - Alert
  - V - Verbal
  - P - Painful
  - U - Unresponsive
Assess Chief Complaint
Signs & Symptoms

O - Onset
  - When & How did the symptom begin?

P - Provokes
  - What makes the symptom worse?
Signs & Symptoms (cont.)

Q - Quality
- How would describe the pain?/What does the pain feel like?
- DO NOT lead the patient

R - Region/Radiation
- Where is the pain?
- Does the pain travel anywhere else?
Responsive Patients - Medical

- Signs & Symptoms (cont.)
  - **S** - Severity
    - How bad is the pain?
  - **T** - Time
    - How long have you had the symptom?
Responsive Patients - Medical

- **SAMPLE** History
- Focused Medical Assessment
- Baseline Vital Signs
- Transport Decision
- Detailed Physical Exam
- Ongoing Assessment
Unresponsive Patients - Medical

- Rapid Medical Assessment
- Baseline Vital Signs
- **SAMPLE** History
  - Family, co-workers, bystanders
- Transport
- Ongoing assessment
Detailed Physical Exam

- More detailed Head-to-Toe examination
- Time sensitive
  - Usually performed en-route
Detailed Physical Exam

- Required for any unresponsive patient
  - If the patient cannot communicate what is wrong, you must seek out the problem(s)
- Required for any multi-trauma patient
  - Victims of multiple trauma must be assessed for less obvious or “masked” injuries
Required for any Patient with significant mechanism of injury

- If the mechanism of injury could have caused serious injuries, the EMT must actively assess for additional injuries
On-Going Assessment

- **Purpose** -
  - Determine if there are any changes in the patient’s condition
  - Identify any missed injuries or conditions
  - Assess the effectiveness of treatment given and adjust if necessary
On-Going Assessment

- Performed on both the trauma or medical patient

- Procedure
  - Repeat Initial Assessment
  - Reassess Vital Signs
  - Repeat Focused Assessment
  - Check Interventions
EMT – Interns:
Please keep in mind that this is only a guide, please refer to the Chief or Faculty with questions.

Hope this helps!
Scene Size-Up

Body Substance Isolation
INITIAL ASSESSMENT

General Impression

Chief Complaint

Mental Status

Table II: Example of AVPU Assessment Tool

- A = Alert: Patient is alert and conscious
- V = Verbal: Patient responds to verbal stimulus
- P = Pain: Patient responds to painful stimulus
- U = Unresponsive: Patient is unresponsive to any form of stimulus
INITIAL ASSESSMENT

Use Jaw Thrust/Trauma

Life Threats

Open / Assess / Insert / Inflate INJURY Management

Airway

Breathing

O2

Adequate Ventilation
INITIAL ASSESSMENT

Check Pulse

Control Major Bleeding

Cap Refill

Skin Color

Temperature

Condition

5-10 Seconds
INITIAL ASSESSMENT

Transport Decision

Prioritize Patients

Make Transport Decision
Focused History & Physical Exam - Medical

Determine Responsiveness – Level of Consciousness

A
Alert

V
Verbal Stimuli

P
Painful Stimuli

U
Unresponsive

Level of Consciousness
Focused History & Physical Exam - Medical

Life Threats

Airway

Open / Assess / Insert / Inflate

Breathing

O₂ & Suction as Needed

2-6 LPM

Adequate Ventilation
15 LPM
Non-Rebreather OR BVM

2-6 LPM

6-15 LPM

5-10 Seconds

Look, Listen and Feel for breathing and pulse
Focused History & Physical Exam - Medical

Unconscious

Check Pulse

5-10 Seconds

Cap Refill

Circulation

Skin Color

Temperature

Condition
Focused History & Physical Exam - Medical

Transport Decision

Prioritize Patients

Make Transport Decision
Focused History & Physical Exam - Medical

SAM

Onset
Signs & Symptoms

Provocation
Allergies

Quality
Medications

PLE

Radiation
Past History

Severity
Last Meal

Time
Events
Focused History & Physical Exam - Medical

Inspect

Auscultate

Palpate

Affected Body Part OR System
Focused History & Physical Exam - Medical

Baseline VITALS
Focused History & Physical Exam - Medical

ASA

NITRO

Inhaler

EPI - Pen

Per State-Wide Protocols

And Medical Direction
Focused History & Physical Exam - Medical

- Re-Evaluate Transport Decision
- Repeat Assessment
- Repeat Vitals

- Repeats Focused Assessment/ PT. Complaint
- Check Interventions

20 minutes to complete assessment
Focused History & Patient Exam

TRAUMA Assessment

Focused

OR

Rapid
Focused History & Patient Exam

TRAUMA Assessment

A
Alert

V
Verbal Stimuli

P
Painful Stimuli

Level of Consciousness

U
Unresponsive
Focused History & Patient Exam

TRAUMA Assessment

Use Jaw Thrust/ Trauma

Life Threats

Open / Assess / Insert / Inflate
INJURY Management

Airway

Breathing

O₂ & Suction as Needed

Adequate Ventilation
15 LPM Non-Rebreather OR BVM

5-10 Seconds

Look, listen and feel for breathing and pulse.
Focused History & Patient Exam

TRAUMA Assessment

Chest Trauma

Manage-
Major
OR
Open
Chest Wounds

Occlusive Dressing

O₂
&
Suction
as Needed

Adequate Ventilation
15 LPM
Non-
Rebreather
OR
BVM

O₂ & Suction as Needed
Focused History & Patient Exam

TRAUMA Assessment

Unconscious

Check Pulse

Control Major Bleeding

Cap Refill

5-10 Seconds

Circulation

Skin Color

Temperature

Condition
Focused History & Patient Exam

Transport Decision

Prioritize Patients

Make Transport Decision
Focused History & Patient Exam

TRAUMA Assessment

Focused

OR

Rapid
Focused History & Patient Exam

RAPID - TRAUMA Assessment

DETAILLED

Inspect & Palpate

Posterior Thorax

Posterior Lumbar

? Breath Sounds

Baseline VITALS

Pulse

Resp.

BP
Focused History & Patient Exam

TRAUMA Assessment

S - Signs & Symptoms
A - Allergies
M - Medications

Assess History / Present Illness

P - Past History
L - Last Meal
E - Events
Focused History & Patient Exam

TRAUMA Assessment

HEAD to Toe Exam – INSPECT & PALPATE

DCAP

Scalp/Ears
Inspect / Palpate

Eyes
Assess for JVD

Face/Mouth/Nose
Tracheal Deviations

DCAP

Head

Head

Head

Neck

Neck

Neck

Head

Head

Head

Neck

Neck

Neck
Focused History & Patient Exam

TRAUMA Assessment

- Chest
  - Inspect
  - Palpate
  - Auscultate

HEAD to Toe Exam – INSPECT & PALPATE

- ABD/Pelvis
  - ABDOMEN: Inspect / Palpate
  - PELVIS: Inspect / Palpate
  - Genitalia
Focused History & Patient Exam

TRAUMA Assessment

HEAD to Toe Exam – INSPECT & PALPATE

Right Leg
Inspect CSM’s

Left Leg
Inspect CSM’s

Right Arm
Inspect CSM’s

Left Arm
Inspect CSM’s

ABDOMEN
Inspect / Palpate

PELVIS
Inspect / Palpate

Inspect & Palpate
Circulation
Sensory
Motion

Inspect & Palpate
Circulation
Sensory
Motion

Right Leg

Left Leg

Right Arm

Left Arm

ABDOMEN
Inspect / Palpate

PELVIS
Inspect / Palpate

Inspect & Palpate
Circulation
Sensory
Motion
Focused History & Patient Exam

TRAUMA Assessment

Manage Secondary Injuries / Wounds

Re-Assess
Pulse
Respiration
Blood Pressure