

NREMT EMT Patient Assessment 2014 - *Medical*



1 SCENE SIZE-UP

Scene safe?

BSI (gloves, mask etc)

MOI & NOI mechanism of injury
nature of illness?

Number of patients?

EMS assistance needed?

Hello, my name is _____

I'm an EMT, we're here to help you.

Why did you call us today?

Is there a chance that you have fallen today?

Consider Manual C-spine Application Here! **X**

2 PRIMARY SURVEY/ RESUSCITATION

Verbalize general impression of the patient *(What do you see?)*

L.O.C

level of consciousness

- x 1 "What's your name?"
- x 2 "Where are you right now?"
- x 3 "What day is it?"
- x 4 "Tell me what happened?"

- A**lert - responsive
- V**erbal - responds to verbal
- P**ain - responds to pain
- U**nresponsive - to all stimulation

? **What is/ are the Chief Complaint or Apparent Life-threats?**

A Check Airway

Opens & assess airway
Inserts adjunct as indicated
Suction Needed?

B Check Breathing

Assess breathing
Assures adequate ventilation
Oxygen therapy (**O₂-15LPM**)
Manage injuries that compromise breathing/ventilation
BVM POS Pressure O₂?

C Check Circulation

Checks pulse - **Rate & Quality**
Assess skin **Color, Temp, Condition**
Assess & control major bleeds
(Blood sweep if needed!)

● **Initiate shock management**
(positions patient - conserves body heat)
(Mylar Space Blanket Wrap Here)

● **Patient Priority (transport)**
(critical/ stable)(contact hospital)
Identifies patient priority & makes treatment/transport decision (based on calculated GCS)

3 History

Onset - *When did this start? What were you doing?*

Provocation - *What makes it feel better or worse?*

Quality - *Can describe this pain? Dull -Sharp...*

Radiation - *Where else does it go?*

Severity - *On a scale from one to ten.*

Time - *How long has this been going on?*

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Signs & Symptoms - *What can you see? What is the Chief Complaint?*

Allergies - *What have you come in contact with? Meds, Insects, Pollen, Food, Latex?*

Medications - *S.H.O.P. - Street, Herbal, OTC, Prescriptions*

Past Medical History - *Has this happened before? Is this a pre-existing condition?*

Last Oral intake - *When did you eat last? What was it? Nausea or Vomiting?*

Events - *What were you doing when you started to feel this way?*

4 SECONDARY ASSESSMENT

Assesses affected body part and or system

- Cardiovascular**
- Neurological**
- Integumentary**
- Reproductive**
- Pulmonary**
- Musculoskeletal**
- GI/GU**
- Psychological / Social**

5 VITAL SIGNS

Baseline Vitals

Blood Pressure
Respiration (Rate & Quality)
Heart rate (Rate & Quality)
Skin (Color, Temp & Condition)
Pupils (PERRL)
SPO₂ (OXYGEN SATURATION)

States field impression of patient

Interventions
(verbalizes proper interventions / treatment)

6 Reassessment

Mental status?

Airway
Breathing
Circulation

Re-check vitals
Re-check interventions
(O₂, bandages, splints etc.)

Repeat every
5 minutes for **Critical Patient**

Repeat every
15 minutes for **Stable Patient**

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Transfer Care and Document The Call!