

NREMT EMT Patient Assessment 2014 - TRAUMA



DCAP-BTLS

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.

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** Alert - responsive
- V** Verbal - responds to verbal
- P** Pain - responds to pain
- U** Unresponsive - to all stimulation

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

A Check Airway

Opens & assess airway Suction Needed?
Inserts adjunct as indicated

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 Now!

Shock ?

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

Transport ?

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

3 History

- 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

Head

Inspect mouth, nose & facial area
Inspect & palpates scalp & ears
Assess eyes

Neck

Check position of trachea
Check jugular veins
Palpate cervical spine

Apply CERVICAL COLLAR Now! **X**

Chest

Inspect & palpate chest
Auscultate chest

Abdomen/pelvis

Inspect & palpate abdomen
Assess pelvis
Verbalize assessment of
genitalia/perineum as needed

Lower extremities

Inspect, palpate & assess
motor sensory & distal circulatory
functions

Upper extremities

Inspect, palpate & assess
motor, sensory & distal circulatory
functions

Log Roll & Backboard Now!

Posterior thorax,
lumbar & buttocks

Inspect & palpate posterior thorax
Inspect & palpate lumbar &
buttocks areas

5 VITAL SIGNS

Baseline Vitals

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

Manage secondary
injuries & wounds

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

Transfer Care
and Document
The Call!