

# NREMT EMT Patient Assessment 2014 - TRAUMA



OCAP/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!

## 2 PRIMARY SURVEY/ RESUSCITATION

Verbalize general  
impression of the  
patient

(What do you see?)

**L.O.C**

level of consciousness?

x @ "What's your name?"

x @ "Where are you right now?"

x @ "What day is it?"

x @ "Tell me what happened?"

Alert - responsive

Verbal - responds to verbal

Pain - responds to pain

Unresponsive - to all stimulation

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

## A Check Airway

Opens & assess airway Section Needed?  
Inserts adjunct as indicated

## B Check Breathing

Assess breathing  
Assesses adequate ventilation  
Oxygen therapy (**O<sub>2</sub>-15LPM**)  
Manage injuries that compromise  
breathing/ventilation **BVM POC Pressure Cx?**

## C Check Circulation

Checks pulse - **Rate & Quality**  
Assess skin **Color, Temp, Condition**  
Assess & control major bleeds  
**Blood timeeg Now!**

## Shock ?

- Initiate shock management  
(position 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? **Med's, 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 & palpate scalp & ears  
Assess eyes

### Neck

Check position of trachea  
Check jugular veins  
Palpate cervical spine  
Apply **CERVICAL COLLAR Now!**

### 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)**  
**SpO<sub>2</sub> (oxygen saturation)**

**Manage secondary  
injuries & wounds**

## 6 Reassessment

### Mental status ?

**Airway**  
**Breathing**  
**Circulation**

### Re-check vitals

Re-check interventions  
(**O<sub>2</sub>, bandages, splints etc.**)

Repeat every

**5** minutes for **Critical Patient**

Repeat every

**15** minutes for **Stable Patient**



**Transfer Care  
and Document  
The Call!**

# Emt P Hematology Exam Study Guide

**J Dewey**



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