

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!

2 PRIMARY SURVEY/ RESUSCITATION

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

L.O.C

level of consciousness

- x O "What's your name?"
- x O "Where are you right now?"
- x O "What day is it?"
- x O "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
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 PDS Pressure On

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?

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**

☐ **GUGU**

☐ **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**

Transfer Care and Document The Call!

Emt Patient Assessment Study Guide

A Loxley



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