Initial Patient Assessment

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Scene Size-up & Assessment

What is one of the first things you need to think about as you arrive on a scene?

BSI
1. Gloves
2. Eye protection
3. Gown if necessary
4. Mask if necessary

Scene Size-up & Assessment

Next we must consider if the scene is safe.
An assessment to assure the well being of the Emergency responder.

-Tunnel vision
-Do not become a patient yourself
Initial Assessment
What factors would you consider to form your general impression?
1. Based on the EMT’s immediate assessment of the environment and the patient’s chief complaint
2. Pt. presentation
3. Age
4. Sex
5. Race

Determine if the patient has a life-threatening condition
Remember C-Spine precautions!
If a life-threatening condition is found, treat immediately
Assess nature of illness or mechanism of injury

Medical and Trauma Assessment
Assessing the responsive patient with a medical emergency is entirely different from assessing the trauma patient for two reasons.

• The history takes precedence over the physical exam.
• The physical exam is aimed at identifying medical complications rather than signs of injury.
Patient #1

- 62 year old male presents with heartburn, indigestion and chest pressure x 3 hours
- No relief with antacids, OTC H2 blockers
- Vital signs:
  - T 98.4  P 72 reg  R 18
  - BP 142/86 SpO2 98%

The History

- Chief complaint
- History of the present illness
- Past history
- Current health status

History of the Present Illness

(OPQRST-ASPN)

- Onset
- Provocation or Palliation
- Quality
- Region/Radiation
- Severity
- Time

- Associated Symptoms
- Pertinent Negatives
Past Medical History

- General state of health
- Childhood and adult diseases
- Psychiatric illnesses
- Accidents and injuries
- Surgeries and hospitalizations

Current Health Status

- Current medications
- Allergies
- Tobacco use
- Alcohol and substance abuse
- Diet
- Screening exams
- Immunizations

- Sleep patterns
- Exercise and leisure activities
- Environmental hazards
- Use of safety measures
- Family history
- Social history

EMS Goals for Heart Attack

- Rapid ECG (if possible)
- STEMI identification "ACUTE MI SUSPECTED"
- Scene time <15 minutes-Time critical transport
- Consider Air-medical/ALS rendezvous, if high risk
- "Transport of patients should not be delayed by treatment protocols and whenever possible diagnostic and treatment activities should be done while in transit." -AHA
- Heart attack patients should be transported to the closest appropriate facility
Patient #2

- 55 year old hispanic female
- Sudden onset of right sided facial droop and aphasia
- Husband called 911

F – A – S – T (a quick assessment)

- Face – smile
- Arm raise
- Say a phrase
- Time last seen normal

10 Steps for EMS in Stroke

1. Evaluate and monitor ABCs
2. Perform blood pressure monitoring (DO NOT treat hypertension in suspected stroke patient)
3. Perform glucose fingerstick (Check your State regulations)
4. Perform EKG/Cardiac monitoring
5. Administer 02, per local EMS protocol
6. Perform prehospital stroke scale/screen
7. Obtain medical history, medications and compliance; determine time patient last seen normal
8. If local protocol allows, take a family member to the hospital
9. Minimize scene time; procedures can be performed during transport
10. Transport patient to the nearest appropriate hospital per local transport protocols; notify receiving hospital en route
Patient #3

- 65 year old white male driver
- Found 20 yards from the vehicle
- States “I jumped out and now I can’t stand up”
- pulse 120 BP 100/60 RR 32

Trauma Triage Tool-Step 1

Assess vital signs & LOC
- Systolic BP <90
- HR > 120
  - For pediatric (<15yr) pts. Use BP <90 or cap. Refill >2 sec.
  - For pediatric (<15yr) pts. Use HR <60 or >120
  - Any of the above vital signs with evidence of shock
- Respiratory Rate <10 or >29
  - associated with evidence of distress
- Altered mental status- GCS <13

Remember the A,B,C’s

- ***If prehospital personnel are unable to effectively manage airway, consider rendezvous with ALS, or intermediate stop at nearest facility capable of immediate definitive airway management.”
Trauma Triage Tool - Step 2
Assess anatomy of injury
• Penetrating injury of head, neck, torso, groin; or
• Combination of burns \( \geq 20\% \) or involving face or airway; or
• Amputation above the wrist or ankle; or
• Spinal cord injury; or
• Flail chest

Trauma Activation
• Take the patient to the highest level trauma center within 30 minutes transport time, via ground or air transport, according to DOH approved regional patient care procedures

Trauma Triage Tool - Step 3
Assess biomechanics of injury & Other risk factors
• Death of same car occupant; or
• Ejection of patient from enclosed vehicle; or
• Falls \( \geq 20 \) feet; or
• Pedestrian hit at \( \geq 20 \) MPH or thrown 15 feet
• High energy transfer situation
  – Rollover
  – Motorcycle, ATV, bicycle accident
  – Extrication time of > 20 minutes
  – Significant intrusion
• Extremes of age < 15, > 60
• Hostile environment (extremes of heat or cold)
• Second/third trimester pregnancy
• Gut feeling of medic
Case Study #4

Dispatched to a “Auto vs Pedestrian”
7 year old male, riding his bike,
hit by car traveling 35 mph
Wearing helmet, lying on street, no
obvious injuries, minimal damage to
front of car

Freak out-it’s a pediatric call!

General Assessment
Primary Assessment

- Airway
- Breathing
- Circulation
- Disability
- Exposure

ABC Interventions

- Stabilize C-Spine
- Helmet removal
- Oxygen
- IV access

Packaging for Transport

What are your concerns?

- Airway
- Breathing
- Circulation
- Disability

Possible Injuries?
ALS response?
During Transport...

- HR 108 (130)
- RR 18, shallow (28)
- BP 82/46 (112/70)
- SpO2 95% on NRM
- Less responsive, only moans in response to verbal stimuli

Ongoing Assessment

- Mental status
- Airway patency
- Breathing rate and quality
- Pulse rate and quality
- Skin condition
- Transport priorities
- Vital signs
- Focused assessment
- Effects of interventions
- Management plans

Question 1

If a patient fell from a height of 20 feet and landed feet first, which of the following injuries could you predict the patient may have?

a. Fractures of the heels, ankles and hips
b. Fractures of the heels, ankles and clavicles
c. Lower extremity fractures
d. Lower extremity fractures & head injury
Question 2

All of the following are factors you should consider, in a trauma patient, when forming your general impression, EXCEPT?

a. Age
b. Sex
c. Race
d. Family History

Question 3

Examples of pertinent negatives include all of the following, except?

a. Absence of chest pain
b. No loss of consciousness
c. History of COPD
d. History of a non-productive cough

Question 4

After interviewing a patient with a chief complaint of chest pain increasing with movement and palpation of the chest, you obtained a history that included smoking, lack of exercise and a family history of hypertension. Based on this information the EMT-I/Paramedic should plan to treat the patient for which condition?

a. AMI
b. Pleurisy
c. Pneumonia
d. Pericarditis
Question 5

The letter T in the acronym F-A-S-T stands for which of the following?
a. Time of Symptom onset
b. Time of last oral intake
c. Time the patient was last seen normal
d. Time you get off shift

Super Secret Question????

Questions?

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