

PATIENT ASSESSMENT - MEDICAL

DETERMINE PROPER BSI	ACTION RESPONSE	POINTS POSSIBLE	POINTS AWARDED
* Takes appropriate body substance isolation precautions	I will take appropriate BSI precautions.	(1)	

SCENE SIZE UP	ACTION/VERBAL RESPONSE	POINTS POSSIBLE	POINTS AWARDED
* Assess scene safety	I will determine if the scene is safe.	(1)	
Determine mechanism of injury	I will determine the mechanism of injury.	(1)	
Determine number of patients	I will determine the number of patients.	(1)	
Assess need for additional help	I will determine the need for additional help.	(1)	
Take cervical spine precautions as necessary	I will take/direct appropriate c-spine precautions.	(1)	

INITIAL ASSESSMENT	ACTION/VERBAL RESPONSE	POINTS POSSIBLE	POINTS AWARDED
Verbalize general impression of patient	I observe an approximately ___ year old male/female patient who appears to be in <u>mild/moderate/severe</u> distress (determine one and state it).	(1)	
Determine responsiveness/level of consciousness	EYES OPEN/AWAKE: "Hello, my name is _____ and I am an EMT. I am going to take care of you. What is your name? How old are you?" I have determined the patient is awake and alert (if eyes are open but patient seems confused, state it). EYES CLOSED: Determine responsiveness using: Alert - Verbal - Painful - Unresponsive	(1) (1)	
Determine chief complaint/ Identify apparent life threats	"What seems to be the problem?" I will identify and address any obvious life threats.	(1)	
* Assess airway/initiate appropriate airway management	IF PATIENT SPEAKS TO YOU: I have determined the airway is patent. IF PATIENT DOES NOT SPEAK OR IS UNCONSCIOUS: I am assessing the airway for patency.	(1)	
* Assess breathing/initiate appropriate oxygen therapy	I will assess breathing for: adequate rate & tidal volume, labored or easy. At this time, I would initiate oxygen therapy if appropriate. (specify the device and appropriate flow rate)	(1) (1)	
* Assess circulation	I will assess for presence of a pulse at the carotid artery (unresponsive) or radial artery (responsive), assessing approximate rate, strength, and rhythm.	(1)	
* Assess and control severe bleeding	I will assess for and controlling severe bleeding.	(1)	
Assess skin signs	I will assess the skin for color, temperature and moisture.	(1)	
State priority of patient for transport	At this time I have determined the patient is <u>low or high</u> priority (select one)	(1)	

DETERMINE APPROPRIATE ASSESSMENT PATH	FOCUSED HISTORY-PHYSICAL or RAPID MEDICAL ASSESSMENT	POINTS POSSIBLE	POINTS AWARDED
State the appropriate assessment path based on level of responsiveness - focused history and physical examination or rapid medical assessment.	I will focus my history and examination on the body part or body system relating to the chief complaint. In the case of an altered mental status I may defer this until enroute to the hospital and move to a rapid medical assessment.	(1)	

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Obtain S.A.M.P.L.E. history if patient is responsive			
* <u>S</u>igns and Symptoms of present complaint	I will ask the patient more detailed questions about their chief complaint.	(1)	
* <u>O</u>" - Onset	What were you doing when this problem began?	(1)	
* <u>P</u>" - Provocation	Does anything make it better or worse?	(1)	
* <u>Q</u>" - Quality	Can you describe what you are feeling? (ie: tight, sharp, dull, heavy, etc.)	(1)	
* <u>R</u>" - Region/radiation	Can you tell me where it hurts the most? Does it move or radiate anywhere?	(1)	
* <u>S</u>" - Severity	On a 1-10 scale, how would you rate your discomfort now? When it began?	(1)	
* <u>T</u>" - Time	How long has this problem been going on?	(1)	
* <u>A</u>llergies	Do you have any allergies to foods or medications?	(1)	
* <u>M</u>edications	Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).	(1)	
* <u>P</u>ast pertinent history	Has this ever happened before? Do you have any medical conditions?	(1)	
* <u>L</u>ast oral intake	What and when did you last eat or drink?	(1)	
* <u>E</u>vent leading to present illness (rule out trauma)	What happened today that led you or someone else to call 911?	(1)	

Obtain Baseline Vital Signs	I will obtain a baseline Blood Pressure, Pulse and Respirations. (Skins signs have already been noted)	(1)	
Interventions	I will perform the following interventions (etc.)	(1)	
Transport (re-evaluates the transport decision)	At this point I feel the patient is emergent and should be transported immediately OR non-emergent and does not require immediate transport (select one).	(1)	

Focused Physical Exam Continued on Next Page

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FOCUSED PHYSICAL EXAMINATION				
Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings.		ACTION/VERBAL RESPONSE	(1)	
Head		I will examine the head for pain, symmetry, scars.		
Face		I will examine the face for equality of facial muscles.		
Eyes		I will examine the eyes for size, equality, reactivity to light, color, pink-moist conjunctiva.		
Ears		I will examine the ears for drainage (color).		
Nose		I will examine the nose for flaring, drainage (color), singed nostrils, and foreign body.		
Mouth		I will examine the mouth for loose/broken teeth, foreign body, blood, pink moist mucosa.		
Neck		I will examine the neck for jugular vein distention, tracheal deviation, accessory muscle use, stoma, scars, medical alert jewelry.		
Chest		I will examine for pain, equal chest rise, lung sounds, retractions, and scars.		
Abdomen		I will examine the abdomen for pain, distention, rigidity, guarding, pulsating mass and scars.		
Pelvis		I will examine the pelvis for pain, incontinence, pregnancy.		
Legs		I will examine the legs for distal CSM, scars, track marks, medical alert jewelry, pedal edema.		
Arms		I will examine the arms for distal CSM, scars, track marks, medical alert bracelet.		
Back		I will examine the back for pain, scars.		

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ONGOING ASSESSMENT				
Repeats initial assessment	I will now repeat my initial assessment of the patient to determine if there has been any change in their condition.	(1)		
Obtain secondary vital signs and compare to baseline	I will obtain and record a second set of vital signs and compare with the baseline vitals.	(1)		
Repeats focused assessment regarding patient complaint or injuries	I will repeat a focused assessment on the patient to determine any other complaints or injuries not found or reported previously.	(1)		

* = CRITICAL CRITERIA (Must Perform to Pass)	POINTS POSSIBLE: 37 MINIMUM PASSING SCORE (80%): 30	
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Critical Criteria

- Did not take, or verbalize, body substance isolation precautions
- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to determine scene safety before approaching patient
- Failure to voice and ultimately provide appropriate oxygen therapy
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- Failure to determine the patient's primary problem
- Orders a dangerous or inappropriate intervention
- Failure to provide for spinal protection when indicated

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Point deduction for time greater than 10 minutes.

11 minutes: -1 point, 12 minutes: -3 points, 13 minutes -6 points, 14 minutes -10 points, 15 minutes -15 points

Start Time: _____

Date: _____

Stop Time: _____

Student Name: _____

Student Evaluator: _____

Instructor: _____

Key Terms

Abdominal Distention (abdomen)	Swelling of the abdomen. Can be caused by bleeding or trapped air.
Abdominal Rigidity (abdomen)	A stiff or tight abdomen when the patient is at rest. May be indicative of abdominal trauma/bleeding.
Accessory Muscle Use (neck & chest)	Contraction of the muscles of the neck, chest and abdomen. Indicative of moderate to severe respiratory distress.
Equality of facial muscles	A patient who has a noticeable facial droop or cannot smile evenly may be having a stroke.
Guarding (abdomen)	When a patient tightens the abdominal muscles during palpation.
Incontinence (pelvis)	Loss of bladder or bowel control.
Jugular Vein Distention (neck)	Abnormally bulging neck veins. May be indicative of heart failure.
Nasal flaring (nose)	Indicative of moderate to severe respiratory distress.
Patent Airway (mouth)	Open and clear airway.
Pedal Edema	Swelling (edema) of the ankles and feet. May be an indication of CHF.
Pink Moist Conjunctiva (eyes)	The area around the eye that is visible when the lower eyelid is pulled down.
Pink & Moist Mucosa (mouth)	The mucosa is the soft tissue inside the lips and mouth. This should be bright pink and moist upon visual examination. Pale, dull or cyanotic may be an indication of poor perfusion or hypoxia.
Pulsating Mass (abdomen)	A mass in the abdomen that can be felt as pulsating. May be an indication of an abdominal aneurysm.
Retractions (chest)	The inward movement of the soft tissue above the clavicles, between the ribs and just below the rib cage. Is typically visible upon inhalation and is often a sign of respiratory distress.
Stoma (neck)	Hole in anterior neck where patient breathes from.
Tracheal Deviation (neck)	Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.