

PATIENT ASSESSMENT - TRAUMA

DETERMINE PROPER BSI	ACTION/VERBAL 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)	
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 am assessing 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) Manage injuries	(1) (1) (1) (1)	
* Assess circulation	I am assessing 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 am assessing for and controlling severe bleeding.	(1)	
Assess skin signs	I am assessing the skin for color, temperature and moisture.	(1)	
Assess for shock	I am assessing for shock and treating as necessary.	(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)	

OBTAIN BASELINE VITAL SIGNS	I will obtain a baseline Blood Pressure, Pulse and Respirations. Skin signs have already been noted. Pupils will be noted in Rapid Physical.	(1)	
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DETERMINE APPROPRIATE ASSESSMENT PATH	FOCUSED HISTORY-PHYSICAL or RAPID TRAUMA ASSESSMENT		
State the appropriate assessment path based on MOI - focused history and physical examination or rapid trauma assessment.	I will focus my assessment on the body part or body system relating to the chief complaint. In the case of a significant MOI, I will perform a rapid trauma assessment and appropriately manage any/all life threatening injuries discovered.	(1)	

Obtain S.A.M.P.L.E. history if patient is responsive. (Otherwise, moves to rapid trauma assessment.)			
* S - Signs and symptoms of present injury	I will observe for obvious trauma and question the patient about their complaints. "Tell me again where you have pain."	(1)	
* A - Allergies	Do you have any allergies to foods or medications?	(1)	
* M - Medications	Do you take any medications? (prescribed/non-prescribed, vitamins, herbal remedies, birth control pills, recreational drugs).	(1)	
* P - Past pertinent medical history	Has this ever happened before? When was the last time you saw a physician? Diagnosis? Do you have a history of diabetes, high blood pressure, cardiac or breathing problems, or seizures?	(1)	
* L - Last oral intake	What and when did you last eat or drink?	(1)	
* E - Event(s) leading to present injury.	What happened today that led you or someone else to call 911?	(1)	

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DETAILED PHYSICAL EXAMINATION		BOLD items make up the Rapid Trauma Assessment <i>Italicized</i> items make up the Detailed Trauma Assessment		
Place an "X" in the box if the student performs an appropriate physical exam while stating the appropriate findings.		Bleeding, Pain, Deformities, Open wounds, Crepitus		
Head		I will examine the head for BPDOC + <i>symmetry, scars.</i>	(1)	
Face		I will examine the face for BPDOC + <i>equality of facial muscles</i>	(1)	
Eyes		I will examine the eyes for size, equality, reactivity to light + <i>pink-moist conjunctiva.</i>	(1)	
Ears		I will examine the ears for BPDOC, drainage.	(1)	
Nose		I will examine the nose for BPDOC, drainage, <i>singed nostrils, flaring, + foreign body.</i>	(1)	
Mouth		I will examine the mouth for BPDOC, loose/broken teeth, <i>foreign body, blood, pink moist mucosa.</i>	(1)	
Neck		I will examine the neck for BPDOC, jugular vein distention, tracheal deviation, accessory muscle use + <i>stoma, scars, medical alert jewelry.</i>	(1)	
Chest		I will examine the chest for BPDOC, equal chest rise, lung sounds, subcutaneous emphysema, <i>paradoxical movement + scars.</i>	(1)	
Abdomen		I will examine the abdomen for BPDOC, distention, rigidity, guarding + <i>scars</i>	(1)	
Pelvis		I will examine the pelvis for BPDOC + <i>incontinence.</i>	(1)	
Legs		I will examine the legs for BPDOC, distal CSM, + <i>scars, track marks, medical alert jewelry.</i>	(1)	
Arms		I will examine the arms for distal BPDOC, distal CSM, <i>scars, track marks, medical alert jewelry.</i>	(1)	
Back		I will examine the back for BPDOC, <i>paradoxical movement + scars.</i>	(1)	
Manages secondary injuries and wounds appropriately (<i>verbalizes</i>).		I will perform or delegate the following interventions.	(1)	

ONGOING ASSESSMENT (verbalized)			
Obtain second set of vital signs and compare to baseline	I will record a second set of vital signs and compare with the first set.	(1)	
* = CRITICAL CRITERIA (Must Perform to Pass)	POINTS POSSIBLE: 41 MINIMUM PASSING SCORE (80%): 33		

Critical Criteria

- Did not take, or verbalize, body substance isolation precautions
- Did not determine scene safety
- Did not assess for spinal protection
- Did not provide for provide for spinal protection when indicated
- Did not provide high concentration of oxygen
- Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- Did not differentiate patient's need for transportation versus continued assessment at the scene
- Did other detailed physical examination before assessing the airway, breathing, and circulation

Point deduction for time greater than 10 minutes.

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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: _____

Evaluator's Name: _____

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.
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.
Paradoxical Movement (chest & Back)	When a section of ribs in the chest or back moves opposite from the normal movement of breathing.
Patent Airway (mouth)	Open and clear airway.
Pink Moist Conjunctiva (eyes)	The area around the eye that is visible when the lower eyelid is pulled down.
Singed Nostrils (nose)	Burning and/or soot around the nostrils. May be indicative of inhalation of hot air and smoke.
Stoma (neck)	Hole in anterior neck where patient breathes from.
Subcutaneous Emphysema (chest & back)	Air that has become trapped beneath the skin. Typically secondary to severe chest trauma.
Tracheal Deviation (neck)	Movement of the trachea away from the midline of the neck. Indicative of severe chest trauma.