NREMT EMT Patient Assessment

1 SCENE SIZE-UP

Scene safe?

BSI (gloves, mask etc.)

MOI & NOI mechanism of injury?

Number of patients?

EMS assistance needed?

Consider Manual C-spine Application Here!

2 Initial Assessment (RESUSCITATION)

> Verbalize general impression of the patient

(What do you see?)

L.O.C

level of consciousness?

- XO "What's your name?"
- × 0 "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(s) Apparent Life-threats?

A Check Airway

Opens & assess airway sweet Rended? Inserts adjunct as indicated

E Check Breathing

Assess breathing
Assures adequate ventilation
Oxygen therapy (Os-15LPM)
Manage injuries that compromise
breathing/ventilation and ASS Assure Out

Check Circulation

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

Shock?

 Initiate shock management (positions patient - conserves body heat) (Mylar Space Blanket Wrap Here)

Transport?

(critical/ stable)(contact hospital)

Identifies patient priority & makes treatment/ transport decision (based on calculated GCS)

Focused History & Physical Exam or Rapid assessment

VITAL SIGNS

Baseline Vitals

- **▶** Blood Pressure
- Respiration (Rate & Quality)
- Heart rate (Rate & Quality)
- Skin (Color, Temp & Condition)
- Pupils (PERRL)
- ► SPO2 (OXYGEN SATURATION)

TRAUMA



SAMPLE History

Signs & Symptoms - What can you see? What is the Chief Complaint?

Allergies - What have you come in contact with? Meds. Insects, Pollen, Food, Later?

Medications - S.H.O.P. - Street, Herbat, 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 feet this way?

Check for DCAP-BTLS

Detailed Physical Examination

Head

Inspect mouth, nose & facial area Inspect & palpates scalp & ears

Assess eyes

Neck

Check position of traches Check jugular veins

Palpate cervical spins
Apply CERVICAL COLLAR New!

Chest

Inspect & palpate chest Associtate chest

Abdomen/pelvis

Inspect & palpate abdomen

Austria pahits

Verbalize assessment of gentalia/perneum 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 & parpate lumber & bultocks areas.

Manage secondary injuries & wounds

Reassessment



Mental status?

Airway Greathing Circulation

Re-check vitals

Re-check interventions (O), bandages, splints etc.)

Repeat every



Repeat every





Transfer Care and Document The Call!

Emt Patient Assessment Study Guide

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