

Patient Assessment System



SCENE ASSESSMENT

- Safety – for you and your partners and patient
- MOI; is there an MOI for spine? ASK LOTS OF QUESTIONS
- # of patients?
- Glove up
- Initial Impression – **What do you think happened?**

INTRODUCE YOURSELF & CONSIDER PERMISSION/CONSENT

PRIMARY ASSESSMENT - Stop & Fix!!!

AWAKE? ALERT?
 -Awake – but what is their state of mind?
 - Not Awake – Test Level of Consciousness(LOC) Alert? Voice? Pain? Unresponsive. (AVPU)

BREATHING? – ((Talking/crying = Breathing = Alive))
 - LOOK LISTEN FEEL – consider cold as a factor that slows breathing down

- ABSENT??? = CHECK AIRWAY & START COMPRESSIONS
- PRESENT??? – How well? Speed? Sounds?
 - Consider patient’s position as a breathing barrier – reposition. Is there an obstruction?
 - Consider medical complications – Asthma, Anaphylaxis, Medical history, etc

CIRCULATION? – ((Breathing = pulse))
 - QUALITY – Skin Color? Warmth? Capillary Refills? Pulse - if confident testing
 - **DEADLY BLEEDING CHECK** – Rapid Trauma Head-to-Toe

- – Find it! Look inside, outside, underneath and all around! EXPOSE & STOP & FIX!!!!!!

-Circulation Quality below obvious injury – assess capillary refill and CSM. Consider poor quality to be a concern.

DISABILITY – Spinal AND Other Fracture Decisions
 - What is the MOI? Witnessed? Fall from height? Age? Impact? = Initiate Spinal Precautions
 - Position patient to protect airway, minimize movement, reduce pain/discomfort/stress
 - Decide on Positions of Comfort! Positions that reduce pain and stress temporarily until full assessment done

ENVIRONMENT – Initial efforts to minimize environmental exposure (cold, heat, wet, bugs, etc)
 - This is one area you may need to improve later but do not neglect it at the start

<p>Trauma? Unknown? Start Here:</p> <p><u>Head to Toe Exam</u></p> <p>PALPATE- for DOTS VISUAL- look for bruising & deformity ASK - conscious patient (OPQRST)</p> <ul style="list-style-type: none"> • Head • Neck: trachea, midline • Chest: clavicles, sternum, ribs • Abdomen – 4 quadrants • Pelvis / Hips • Lumbar region • Lower extremities (CSM’s) • Upper extremities (CSM’s) • Back – Logroll <p>STOP & FIX – Bleeding, trauma</p> <p>FOCUS ASSESSEMENT – Fractures, other non-life threatening injuries, more detailed attention after Head-to-Toe complete</p> <p>COMPLETE? Go to VITALS then SAMPLE</p>	<p>SECONDARY ASSESSMENT</p> <p>Focused Exam & Patient History</p> <p><i>Patient Record Form Useful Here</i></p> <p><u>Vital Signs</u></p> <p>3-5 Sets every 5min</p> <ul style="list-style-type: none"> • Time • LOC – AVPU / A-O x1,2,3,4 • Heart Rate (HR) • Respiration Rate (RR) • Pupils (PEARL) • Skin (SCTM) <p>Re-evaluate 5min /15min 30min Long Term</p> <p>!!!Give URGENT Treatment IF you find anything threatening!!!</p> <p>Otherwise <u>PLAN</u> then begin non-urgent treatment.</p>	<p>Medical/Illness? Start Here:</p> <p><u>SAMPLE History</u></p> <p>S: Signs & Symptoms (OPQRST) O: Onset (<i>gradual, etc</i>) P: Provokes; <i>Palliates</i> Q: Quality (<i>sharp, dull</i>) R: Radiates; <i>Refer</i> S: Severity (<i>1 - 10</i>) T: Time</p> <p>A: Allergies M: Medications (OTC’s, Prescription, Herbal) P: Past Pertinent Medical History L: Last Intake/Output E: Events Leading up to Incident</p> <p>Do NOT be afraid to ask any question, rephrase questions, clarify, investigate, ask patient opinions/ideas. Take Notes! Complete? Go to Head to Toe & Vitals</p>
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PLAN

- Problems – create a list
- Environmental Exposure & Anticipated Changes
- Treatment Plan - what type of treatment strategies; back-up plan / alternatives; Re-assessment intervals?
- Short Term Plan & Long Term Plan
- Self-Care & Group Health Plan
- STAY & WAIT STRATEGY? Or EXIT STRATEGY?
 - SELF EXIT?
 - SOS/911? Communication methods?

Implement Your Plan

Implement the plan you created.

- Begin non-urgent treatment (Ex: splinting, position, meds).
- SOAP Note?
- Take time for self-care and group health
- Consider patient comfort strategies; revisit often
- Set up Camp?
- Take more time for exit strategy planning
- Revisit first aid priorities