

PATIENT ASSESSMENT

I. Scene Size-up / Survey

A. Body Substance Isolation - BSI

1. Gloves, at a minimum
2. Other Personal Protective Equipment (PPE) as needed

B. Scene Safety

1. Self
2. Crew
3. Patient
4. Bystanders

C. What Happened?

1. Trauma
2. Medical

D. MOI versus NOI

1. Mechanism of Injury (MOI)
2. Nature of Illness (NOI)

E. Resources

1. ALS Support, at a minimum
2. Other Resources, as needed

II. Initial Assessment

A. General Assessment

1. The environment, especially for children and the elderly.

B. Mental Status

Alert
Verbal
Painful
Unresponsive

1. Alert

a. Oriented

- i. Person (X1)
- ii. Place (X2)
- iii. Time (X3)
- iv. Event (X4)

2. Unconscious
 - a. Voice
 - b. Pain
 - c. Unresponsiveness

C. Airway

1. Head tilt / Chin lift
2. Head tilt maneuver
3. Jaw thrust maneuver
4. Tongue jaw lift maneuver

D. Breathing

1. Look
2. Listen
3. Feel

i. Adequate Breathing

- | | | |
|---------|-----------|----------|
| a. Rate | 12-20 rpm | Adult |
| | 15-30 rpm | Children |
| | 25-50 rpm | Infant |

b. Quality

- Sounds
- Expansion
- Effort

E. Circulation

1. Pulse
 - a. Radial Pulse First
 - b. Carotid if no Radial Pulse
2. Hemorrhaging
3. Capillary Refill
 - a. Children under 6
 - b. Trauma Patients

F. Priority

1. Critical
2. Unstable
3. Potentially Unstable
4. Stable

III. Focused History and Physical Exam

A. Reassess MOI / NOI

B. Assessment Route

- 1. Trauma- Significant MOI**
 - a. Rapid Trauma Assessment**
- 2. Trauma- Non-significant MOI**
 - a. Focused Physical Assessment**
- 3. Medical- Unresponsive Patient**
 - a. Rapid Physical Assessment**
- 4. Medical- Responsive Patient**
 - a. Focused Physical Assessment**

(B. 1. a.) Rapid Trauma Assessment

- 1. Head**
 - a. Deformities**
 - b. Contusions**
 - c. Abrasions**
 - d. Punctures / Penetrations**
 - e. Burns**
 - f. Tenderness**
 - g. Lacerations**
 - h. Swelling**
- 2. Neck**
 - a. DCAP-BTLS**
 - b. Medic Alert Tag**
 - c. Crepitus**
- 3. Shoulders**
 - a. DCAP-BTLS**
- 4. Chest**
 - a. DCAP-BTLS**
- 5. Abdomen**
 - a. DCAP-BTLS**
- 6. Pelvis**
 - a. DCAP-BTLS**
- 7. Right Lower Extremity (RLE)**
 - a. DCAP-BTLS**
 - b. Medic Alert Tag**
- 8. Left Lower Extremity (LLE)**
 - a. DCAP-BTLS**
 - b. Medic Alert Tag**
- 9. Right Upper Extremity (RUE)**
 - a. DCAP-BTLS**
 - b. Medic Alert Tag**
- 10. Left Upper Extremity (LUE)**
 - a. DCAP-BTLS**
 - b. Medic Alert Tag**
- 11. Back**
 - a. DCAP-BTLS**

C. Vital Signs (VS)

1. Blood Pressure (BP)

a. Auscultation

b. Palpation

2. Pulse (P)

a. Palpitation

b. Apical Pulse (Over heart)

c. Quality

i. Rate

ii. Rhythm

iii. Strength

3. Respirations (R)

a. Sounds

1. Upper Airway

i. Stridor

ii. Snoring

iii. Crowing

iiii. Gurgling

2. Lower Airway

i. Rales

ii. Rhonchi

iii. Wheezing

b. Difficulty

c. Quality

i. Rate

ii. Rhythm

iii. Depth

4. Eyes

a. Pupils are Equal and Round

b. Pupils are Reactive to Light

5. Skin

a. Color

i. Rudor (RED)

ii. Pale (WHITE)

iii. Cyanosis (BLUE)

iv. Jaundice (YELLOW)

v. Within Normal Limits (PINK)

D. Interview

1. Signs and Symptoms (S/S)

a. Onset

b. Provocation

c. Quality

d. Radiation

e. Severity

f. Time

2. Allergies
3. Medications
4. Pertinent Past Illness / Injuries (Pt. Medical History)
5. Last:
 - a. Meal
 - b. Menses
 - c. Bathroom
6. Events leading to present illness / injury

E. Interventions

1. Transport (TX) at a minimum
2. Apply Treatments (RX) as necessary / if not done

IV. Detailed Assessment

A. Head

1. DCAP-BTLS
2. Injuries to the eyes
3. Raccoon Eyes
4. Fluid / Blood in the ears
5. Battles Signs
6. Fluid / Blood in the nose
7. Injuries in and around the mouth
8. Obstructions in the mouth

B. Neck

1. DCAP-BTLS
2. Tracheal Deviation
3. Jugular Vein Distention (JVD)
4. Crepitus
5. Medical Alert Tag

C. Shoulders

1. DCAP-BTLS

D. Chest

1. DCAP-BTLS
2. Symmetry of Breathing
3. Integrity of the rib cage
4. Lung Sounds
 - a. Upper Airway
 - i. Stridor
 - ii. Snoring
 - iii. Crowing
 - iiii. Gurgling

b. Lower Airway

- i. Rales**
- ii. Rhonchi**
- iii. Wheezing**

E. Abdomen

- 1. DCAP-BTLS**
- 2. Palpate the Abdominal Quadrants**
- 3. Pulsating masses**
- 4. Rigidity**
- 5. Distention**

F. Pelvis

- 1. DCAP-BTLS**
- 2. Push down on the wings**
- 3. Push in on the wings**
- 4. Palpate the pubis**
- 5. Priapism**
- 6. Abnormal Bleeding**

G. Right Lower Extremity (RLE)

- 1. DCAP-BTLS**
- 2. Distal Pulse**
 - a. Dorsalis Pedis**
 - b. Posterior Tibialis**
- 3. Capillary Refill**
- 4. Sensation**
 - a. Paresthesia (tingling)**
 - b. Anesthesia (numbness)**
 - c. Touch**
- 5. Strength**
 - a. Dorsal Flexion**
 - b. Plantar Flexion**
- 6. Color**
- 7. Temperature**
- 8. Nervous Reaction**
- 9. Medical Alert Tag**

H. Left Lower Extremity (LLE)

- 1. DCAP-BTLS**
- 2. Distal Pulse**
 - a. Dorsalis Pedis**
 - b. Posterior Tibialis**
- 3. Capillary Refill**
- 4. Sensation**
 - a. Paresthesia (tingling)**
 - b. Anesthesia (numbness)**

- c. Touch
- 5. Strength
 - a. Dorsal Flexion
 - b. Plantar Flexion
- 6. Color
- 7. Temperature
- 8. Nervous Reaction
- 9. Medical Alert Tag

I. Right Upper Extremity (RUE)

- 1. DCAP-BTLS
- 2. Distal Pulse
 - a. Radial Pulse
- 3. Capillary Refill
- 4. Sensation
 - a. Paresthesia (tingling)
 - b. Anesthesia (numbness)
 - c. Touch
- 5. Strength
 - a. Equal Grip Strength
- 6. . Color
- 7. Temperature
- 8. Nervous Reaction
- 9. Medical Alert Tag

J. Right Upper Extremity (RUE)

- 1. DCAP-BTLS
- 2. Distal Pulse
 - a. Radial Pulse
- 3. Capillary Refill
- 4. Sensation
 - a. Paresthesia (tingling)
 - b. Anesthesia (numbness)
 - c. Touch
- 5. Strength
 - a. Equal Grip Strength
- 6. . Color
- 7. Temperature
- 8. Nervous Reaction
- 9. Medical Alert Tag

K. Back

- 1. DCAP-BTLS

V. Ongoing Assessment

A. Reassess Initial Assessment

B. Reassess Vitals Signs

C. Perform Physical Exam as necessary

D. Check the Interventions

E. Assessment- Perform every 15 Minutes for Stable Patient

F. Assessment- Perform every 5 Minutes for Unstable Patient