

Emergency Medical Services Activity

Directions

- Look over the vocabulary terms and the Patient Assessment sheet to become familiar with the assessment questions.
- Watch EMT Situation 1 and mark the answers on the assessment sheet. If you can print the sheet, feel free to do so. If not, use a separate piece of paper to write down/mark the steps of the assessment. You may have to stop the video several times to answer the questions.
- Follow the same directions for EMT Situation 2.

Vocabulary Terms

Cardiovascular- relating to or affecting the heart and blood vessels

Neurological-relating to or affecting the nerves and nervous system

Integumentary-relating to or affecting the skin

Pulmonary - relating or affecting the lungs

Reproductive - relating to or affecting the male and female reproductive systems

Musculoskeletal - relating to or affecting the muscles and bones

GI / Gastrointestinal - relating to or affecting the stomach and intestines

Psychological / Social - relating to or affecting the person's mind and awareness

NREMT EMT Patient Assessment 2014 - Medical



1 SCENE SIZE-UP

Scene safe?

BSI (gloves, mask etc)

MOI & NOI mechanism of injury
nature of illness?

Number of patients?

EMS assistance needed?

Hello, my name is _____
I'm an EMT, we're here to help you.
Why did you call us today?
Is there a chance that you have fallen today?

Consider Manual C-spine Application Here! **X**

2 PRIMARY SURVEY/ RESUSCITATION

Verbalize general impression of the patient (What do you see?)

L.O.C
level of consciousness

- x 1 "What's your name?"
- x 2 "Where are you right now?"
- x 3 "What day is it?"
- x 4 "Tell me what happened?"

- A**lert - responsive
- V**erbal - responds to verbal
- P**ain - responds to pain
- U**nresponsive - to all stimulation

? **What is/ are the Chief Complaint or Apparent Life-threats?**

A Check Airway
Opens & assess airway
Inserts adjunct as indicated
Suction Needed?

B Check Breathing
Assess breathing
Assures adequate ventilation
Oxygen therapy (**O₂-15LPM**)
Manage injuries that compromise breathing/ventilation
BVM POS Pressure O₂?

C Check Circulation
Checks pulse - **Rate & Quality**
Assess skin **Color, Temp, Condition**
Assess & control major bleeds
(*Blood sweep if needed!*)

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

● **Patient Priority (transport)**
(**critical/ stable**)(**contact hospital**)
Identifies patient priority & makes treatment/transport decision (based on calculated GCS)

3 History

- Onset** - When did this start? What were you doing?
- Provocation** - What makes it feel better or worse?
- Quality** - Can describe this pain? Dull - Sharp...
- Radiation** - Where else does it go?
- Severity** - On a scale from one to ten.
- Time** - How long has this been going on?

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- Signs & Symptoms** - What can you see? What is the Chief Complaint?
- Allergies** - What have you come in contact with? **Meds, Insects, Pollen, Food, Latex?**
- Medications** - **S.H.O.P.** - Street, Herbal, 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 feel this way?

4 SECONDARY ASSESSMENT

Assesses affected body part and or system

- Cardiovascular**
- Neurological**
- Integumentary**
- Reproductive**
- Pulmonary**
- Musculoskeletal**
- GI/GU**
- Psychological / Social**

5 VITAL SIGNS

Baseline Vitals

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

States field impression of patient

Interventions
(verbalizes proper interventions / treatment)

6 Reassessment

Mental status ?

Airway
Breathing
Circulation

Re-check vitals
Re-check interventions
(O₂, bandages, splints etc.)

Repeat every **5 minutes for Critical Patient**

Repeat every **15 minutes for Stable Patient**

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Transfer Care and Document The Call!