

TRANSITION SERIES


TOPICS

FOR
THE

EMT

TOPIC 15

Assessment of the
Medical Patient



Objectives

- Cover the assessment of the medical patient.
- Relate importance of using physiologic status of patient to determine stability.
- Discuss questions to ask when confronted with certain complaints.



Objectives

- Incorporate primary, secondary, and reassessment phase findings into the patient's clinical status.



Introduction


- Assessment is perhaps the most important skill performed by the EMT.
- Very dynamic process of assessment, interpretation, and integration.
- With medical patients, the history may be more important than the physical exam findings.

Table 15-1 Differences Between 1994 EMT-B Curriculum and National EMS Education Standards.

1994 EMT-B Curriculum	National EMS Education Standards
Scene size-up	Scene size-up
Initial assessment	Primary assessment
Focused history and physical exam	Secondary assessment
Ongoing assessment	Reassessment

Figure 15-1 The primary assessment focuses on identifying and treating life threats.





Scene Size-Up

- Scene Size-Up Components: Medical
 - Scene safety
 - Standard precautions
 - Nature of illness
 - Number of patients
 - Hazards
 - Resources needed



Primary Assessment

- General Impression
 - Note body position and general mental state
- Airway
 - Open or closed?
- Breathing
 - Adequate or inadequate?




Primary Assessment

- Circulation
 - Intact or deficient?
- Priority Determination
 - Stable, potentially unstable, unstable

Table 15.2 General Impressions

If you see ...	It may mean ...
Patient clutching closed fist to chest: LeVign's sign	Chest pain or discomfort usually high on the 1–10 scale and potentially severe
Tripod position	Significant respiratory distress
Anxious or restless patient	Hypoxia
Poor skin color (pale) and condition (moist)	Shock, hypoglycemia



Secondary Assessment

- Patient History
 - SAMPLE
- Body System Exam
 - Combination of the history and targeted physical exams
- Vital Signs
 - Pulse, respirations, skin, B/P, pupils

Figure 15-2 The on-scene secondary assessment is expedited when the patient is unstable.



Figure 15-3 The history provides vital information for the medical patient.



Table 15-3 Body System Approach to Common Medical Complaints.

Complaint/Presenting Problem	Body Systems to Examine
Difficulty breathing	Respiratory Cardiac
Chest pain or discomfort	Cardiac Respiratory
Altered mental status	Endocrine Neurologic Scene evaluation
General malaise	Will require more focused history to determine systems
Syncopal episode	Cardiac Respiratory Endocrine Neurologic
Abdominal pain or discomfort	Gastrointestinal
Seizure	Neurologic If patient does not come out of the seizure or has an ongoing altered mental status, add endocrine and cardiac

Table 15-4 Examples of Physical Exam Elements and History Questions by Body System.

Respiratory	Chest shape and symmetry Presence/absence of lung sounds Abnormal lung sounds Work of breathing (effort) Body position Pedal edema or ascites Cyanosis History: OPQRST to include: Medications Dyspnea on exertion Orthopnea
Cardiac (note overlap with respiratory)	Pulse Compare pulse in upper extremities Blood pressure Skin color, temperature, and condition History: OPQRST to include: Medications Detailed description of pain/discomfort Dyspnea on exertion Orthopnea

Table 15-4 (continued) Examples of Physical Exam Elements and History Questions by Body System.

Neurologic	Mental status Ability to follow commands Prehospital stroke scale Mental status exam (thoughts, perception, mood, affect) History: OPQRST to include: Onset/events (gradual or rapid onset)
Endocrine	Mental status Blood glucose monitoring Skin color, temperature, and condition History: OPQRST to include: Focus on oral intake and medications Recent illness? Change in medications?

Note: Specifics may vary by patient and presentation.




Reassessment

- Unstable
 - Every 5 minutes
- Stable
 - Every 15 minutes


Figure 15-4 Reassessment is done en route to the hospital and performed every 5 minutes for the unstable patient and every 15 minutes for the stable patient.






Case Study

You are called to a local banquet hall for an unresponsive patient. Upon your arrival you are greeted at the door by family members who take you to the patient, who is found sitting against the wall in the ladies bathroom. You do not see any blood or sign of struggle.




Case Study

- Scene Size-Up
 - Scene is determined to be safe
 - There is only one patient, an elderly female
 - Standard precautions are taken
 - Nature of injury is near syncopal episode
 - There are no obstacles to patient movement




Case Study

- List common body systems that may have caused the near syncopal episode




Case Study

- Primary Assessment Findings
 - The patient is a conscious, 87 y.o. female
 - Airway is patent, patient is talking
 - Breathing is a little shallow, but still adequate
 - Peripheral pulse is present, with normal rate
 - Skin is cool and clammy, perfusion intact
 - Patient states she got dizzy when standing up from toilet, so she sat down against the wall




Case Study

- Is this patient a high or low priority? Why?
- What care should be provided immediately?
- Should you complete a medical history, or physical exam first?




Case Study

- Medical History
 - High blood pressure, diverticulitis
- Medications
 - Diltiazem (recently prescribed calcium channel blocker), ASA
- Allergies
 - Just food allergies




Case Study

- For each of the following body systems, list three things you would want to examine or ask:
 - Respiratory
 - Cardiovascular
 - Neurologic
 - Endocrine




Case Study

- Pertinent Secondary Assessment Findings
 - Patient had 2 glasses of wine with dinner
 - PEARL, membranes hydrated, airway patent
 - Breathing adequate, alveolar sounds present
 - Abdomen soft without pain




Case Study

- Pertinent Secondary Assessment Findings
 - No change to bowel or bladder; patient was just in stall going to bathroom.
 - Grips equal, skin slightly diaphoretic, extremities benign, BGL 119 mg/dL
 - Pulse 62/min, Resp 22/min, B/P 100/80
 - Pulse ox 97% on room air, 99% with oxygen



Case Study

The patient is now receiving high-flow oxygen. ALS is en route so the patient is loaded on the wheeled cot and transported to the ambulance. She states she feels “much better.” How often should this patient be reassessed?



Case Study

- What do you believe the patient's problem to be?
 - What are a few differentials?



Summary

- Although trauma is often characterized as “black and white” when it comes to findings, medical emergencies are often “shades of gray.”
- There is no piece of clinical information that should be overlooked with medical patients.