

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.

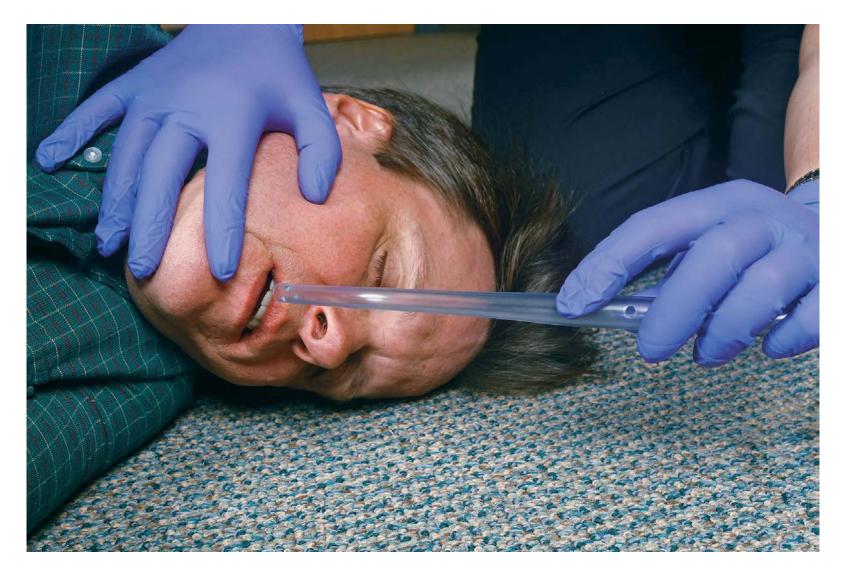


Table 15-1 Differences Between 1994 EMT-B Curriculum and National EMS Education Standards.

| 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.

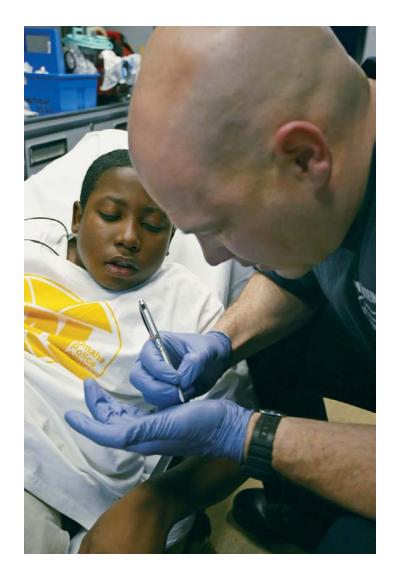




Table 15-3 Body System Approach to Common Medical Complaints.

| 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.



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.



- 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



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



- 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



- 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?



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



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



- 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



- 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



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?



- 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.

