

## MEDICAL ASSESSMENT

<b>SCENE SIZE-UP</b>	[BSI/PPE] [Scene is Safe] [Mechanism of Injury/ Nature of Illness] [# of Patients] [Request additional EMS Resources] [Spine Stabilization?]
<b>PRIMARY SURVEY RESUSCITATION</b>	[General impression of patient] [Responsiveness (AVPU)] [Chief Complaint/Apparent Life-threats] [Assess Airway and Breathing] 1. Assessment 2. Adequate Ventilation 3. Initiates O <sup>2</sup> Therapy [Assess Circulation] 1. Major Bleeding? 2. Check Pulse 3. Skin (color, temp, condition)
<b>IDENTIFIES PATIENT PRIORITY &amp; MAKES TREATMENT/TRANSPORT DECISION</b>	
<b>HISTORY TAKING</b>	[History of present illness] -Onset -Provocation -Quality -Radiation -Severity -Time & Clarifying Q's [Past medical history] -Allergies -Meds -Past pertinent -Last intake -Events leading to
<b>SECONDARY ASSESSMENT</b>	[Assess affected body part/system] -Cardiovascular -Pulmonary -Neurological -Musculoskeletal -Integumentary -GI/GU -Reproductive -Psychological/Social
<b>VITAL SIGNS</b>	[-BP -Pulse -Respiratory Rate/Quality] [States field impression of patient] [Proper Interventions verbalized]
<b>REASSESS</b>	[Demonstrates How & When to reassess] [Accurate verbal hand-off report to arriving EMS unit]

## TRAUMA ASSESSMENT

<b>SCENE SIZE-UP</b>	[BSI/PPE] [Scene is Safe] [Mechanism of Injury/ Nature of Illness] [# of Patients] [Request additional EMS Resources] [Spine Stabilization?]
<b>PRIMARY SURVEY RESUSCITATION</b>	[General impression of patient] [Responsiveness (AVPU)] [Chief Complaint/Apparent Life-threats] [Airway] 1. Opens & Assessment 2. Inserts adjunct as indicated [Breathing] 1. Assess 2. Adequate ventilation 3. Initiate O <sup>2</sup> 4. Manage breathing threats [Circulation] 1. Pulse 2. Skin (color, temp, condition) 3. Major Bleeding 4. Shock
<b>IDENTIFIES PATIENT PRIORITY &amp; MAKES TREATMENT/TRANSPORT DECISION</b>	
<b>HISTORY TAKING</b>	[Obtains Baseline Vitals] -Blood Pressure -Pulse -Respirations [Attempts SAMPLE history] -Signs/Sympt -Allergies -Meds -Past pert -Last intake -Events leading
<b>SECONDARY ASSESSMENT</b>	[Head] -Scalp & Ears -Eyes -Mouth/Nose & facial area [Neck] -Position of Trachea -Jugular veins -Palpate Cervical Spine [Chest] -Inspect -Auscultate -Palpate [Abdomen/Pelvis] -Inspect/Palpate Chest -Pelvis -Genitalia/perineum [Lower Ext] -Inspect/Palpate/Assess CMS [Upper Ext] -Inspect/Palpate/Assess CMS [Posterior Thorax/Lumbar/Buttocks] -Inspect/Palpate [Manages secondary injuries/wounds]
<b>REASSESS</b>	[Demonstrates How & When to reassess] [Accurate verbal hand-off report to arriving EMS unit]

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### NORMAL RESPIRATORY RATES

(Breaths per Minute, at Rest)

<b>ADULT</b>	<b>12 to 20</b>
	Above 24: Serious
	Below 10: Serious
<b>INFANTS AND CHILDREN</b>	
Adolescent 13 to 18 years	<b>12 to 20</b>
School age 6 to 12 years	<b>15 to 30</b>
Preschooler 3 to 5 years	<b>20 to 30</b>
Toddler 1 to 3 years	<b>20 to 30</b>
Infant 6 to 12 months	<b>20 to 30</b>
Infant 0 to 5 months	<b>25 to 40</b>
Newborn	<b>30 to 50</b>
<b>Respiratory Sounds</b>	<b>Possible Causes/Interventions</b>
Snoring	Airway blocked/open patient's airway; prompt transport
Wheezing	Medical problem such as asthma/ assist patient in taking prescribed medications; prompt transport
Gurgling	Fluids in airway/suction airway; prompt transport
Crowing (harsh sound when inhaling)	Medical problem that cannot be treated on the scene/prompt transport

### NORMAL PULSE RATES

(BEATS PER MINUTE, AT REST)

<b>ADULT</b>	<b>60 to 100</b>
<b>INFANTS AND CHILDREN</b>	
Adolescent 11 to 18 years	<b>60 to 105</b>
School age 6 to 10 years	<b>70 to 110</b>
Preschooler 3 to 5 years	<b>80 to 120</b>
Toddler 1 to 3 years	<b>80 to 130</b>
Infant 6 to 12 months	<b>80 to 140</b>
Infant 0 to 5 months	<b>90 to 140</b>
Newborn	<b>120 to 160</b>
<b>Pulse Quality</b>	<b>Significance/Possible Causes</b>
Rapid, regular, and full	Exertion, fright, fever, high blood pressure, first stage of blood loss
Rapid, regular, and thready	Shock, later stages of blood loss
Slow	Head injury, drugs, some poisons, some heart problems, lack of O <sup>2</sup> in children
No pulse	Cardiac arrest (clinical death)

NOTE: If a patient is awake and talking to you but has no carotid pulses, ask if he has a ventricular assist device.

#### INFANTS AND CHILDREN:

A high pulse in an infant or child is not as great a concern as a low pulse. A low pulse may indicate imminent cardiac arrest.