

JCFPD EMT Patient Assessment



TRAUMA

DCAP-BTLS

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.

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 *Suction Needed?*
Inserts adjunct as indicated

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 Now!

Shock ?

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

Transport ?

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

3 History

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

Head

Inspect mouth, nose & facial area
Inspect & palpates scalp & ears
Assess eyes

Neck

Check position of trachea
Check jugular veins
Palpate cervical spine

Apply **CERVICAL COLLAR Now!** **X**

Chest

Inspect & palpate chest
Auscultate chest

Abdomen/pelvis

Inspect & palpate abdomen
Assess pelvis
Verbalize assessment of
genitalia/perineum as needed

Lower extremities

Inspect, palpate & assess
motor sensory & distal circulatory
functions

Upper extremities

Inspect, palpate & assess
motor, sensory & distal circulatory
functions

Log Roll & Backboard Now!

Posterior thorax, lumbar & buttocks

Inspect & palpate posterior thorax
Inspect & palpate lumbar &
buttocks areas

5 VITAL SIGNS

Baseline Vitals

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

Manage secondary injuries & wounds

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**

Transfer Care and Document The Call!