

5.6 Patient Assessment

for a conscious patient

The Priority Action Approach is always the same!

- #1 – Scene Assessment
- #2 – Primary Survey
- #3 – EMS and AED
- #4 – Shock Treatment
- #5 – Secondary Survey
- #6 – Treatment
- #7 – Follow-Up

For an unconscious patient, we focused on Priorities #1-4, and for a conscious patient we will focus on #5-7. However, those first priorities are still there and must be considered in every situation.

#1 – Scene Assessment

Even if the patient is not seriously injured or unconscious, you must still be SAFE

Slow down and look

Assess for hazards

Find out what happened

Exposure Protection

#2 – Primary Survey

The answers may be obvious, but still go through these questions (at least in your head) every time looking for anything life-threatening:

LOC – is the person fully conscious or about to collapse? (you can probably tell

by their answer to _____

d-Spine – _____

ABC's – _____: Are you having any difficulty breathing??

RBS – (may be visual or verbal depending on patient)

Deadly Bleeding?

Escaping Air?

Major Fractures?

****If the patient has any life-threatening problems, then stop and give critical intervention immediately**

#3 – EMS and AED

If the patient has any _____ problems, then activate EMS as soon as you discover it. If not, the decision on whether to activate EMS can be made later.

#4 – Shock Treatment

Assess for signs of shock

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

If the patient demonstrates any of the above symptoms then treat for shock. If there are symptoms beyond #2 above, then call 9-1-1 immediately.

#5 – Secondary Survey

see further notes for more details

#6 – Treatment

any treatment of non-life or limb threatening injuries should be done only after the secondary survey is complete. (ex. bandage, splint, etc.)

#7 – Follow-Up

If you haven't already, then decide:

- a) call 9-1-1
- b) drive to hospital
- c) drive to medical clinic
- d) refer to doctor
- e) none of the above

Consider other actions

- a) any necessary paperwork
- b) gather belongings
- c) phone parents
- d) etc.

Secondary Survey

*for an unconscious patient, we normally start with vital signs
for a conscious patient, we normally start with history*

History -CHAMMPPL

- _____ (ex. What hurts?)

This one is usually pretty obvious. The chief complaint is usually what you see first, as you approach the victim. If someone is yelling at you that they broke their leg, you must ignore this however, to assess the scene and check ABC's and vitals before looking to their chief complaint.

The chief complaint does not need to be in the victim's own words, and should _____.

- _____ (ex. How did it happen?)

It is important to find out what happened to cause the injury because it may change how you deal with the patient.

If the victim is unconscious, you can find out what happened from a bystander.

- _____ (ex. Allergic to that bee that just stung you?)

This question is very important, especially if the patient is experiencing any symptoms that could be an allergic reaction. You also want to know if they are allergic to any medications that EMS may later want to administer.

- _____ (ex. Any medication for bee stings with you?)

Perhaps your patient is having an angina attack, and they haven't taken their medication because they left it somewhere. You may be able to send a bystander to get it. Remember that the only medication you can administer yourself is

- _____ (ex. Has this ever happened before?)

It can be very useful to find out if the patient has experienced the same thing before. It may be helpful to ask how they were treated the last time.

It is also important to find out if the patient has any conditions like diabetes or epilepsy. If the victim is unconscious, look for medical bracelets, anklets or necklaces. (should've already done this in primary survey)

- _____ (ex. Name, Phone #, Age...)
If the victim is unconscious, look through their pockets for a wallet or look for a purse, or even a bystander that might know them.

- _____ - **PPQRRST**

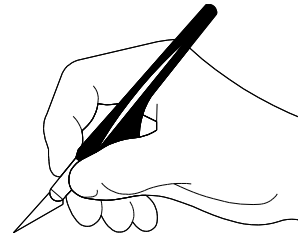
- _____ Where exactly is the pain originating from?
- _____ What provokes the pain or makes it worse?
- _____ What does the pain feel like? (ex. sharp, dull, squeezing, etc.)
- _____ Is the pain radiating out to other parts of the body?
- _____ What relieves the pain, or makes it feel better?
- _____ Rate the pain on a scale of 1 to 10.
- _____ When did the pain start? Is it getting better or worse?

- _____ (ex. what was the last thing you had to eat?)
This is important information in assessment, in particular for a diabetic emergency.

- C – Chief Complaint**
- H – History of Chief Complaint**
- A - Allergies**
- M – Medications**
- M – Medical History**
- P – Personal Info**
- P – Pain Assessment (PQRST)**
- L – Last Meal**

Vital Signs -

Looking at the vital signs of a patient can tell you how to better care for them. It can also tell you if they are improving or not. Therefore, it is important to _____ the vital signs of a patient when you check them so that you can compare to the results of the next check.



T - Time

It is essential that you write down the time for each vitals check. This will allow you to see progress over time, and let paramedics and doctors see what the initial condition of the patient was.

LOC - Level Of Consciousness -

How to check:

Two Stimuli

- 1. _____
- 2. _____

What to assess:

Three Responses

- 1. _____
- 2. _____
- 3. _____

Level of consciousness can range from fully alert and oriented to fully unconscious with no response at all.

In first aid, we use a 4-point scale, called AVPU.

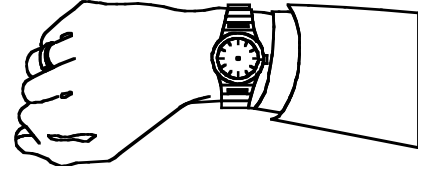
- 1) A
- 2) V
- 3) P
- 4) U

Paramedics will use a scale for level of consciousness that goes from 3-15 called the Glasgow Coma Scale

P - Pulse -

- Check for three things:
1. _____
 2. _____
 3. _____

For an unconscious person, check carotid pulse (on the neck). For a conscious patient, the pulse should be checked on the wrist (radial) for at least 10 seconds, using the fingers and not the thumb.



Normal Pulse Rate (bpm)	
Adults	60-80
Children	80-100
Infants	100-120

R - Respirations -

- Check for three things:
1. _____
 2. _____
 3. _____

To assess the victim's respiratory rate, you should look, listen and feel the breathing for at least 15 seconds, and time the number of times the chest rises. Normal resting breathing rate is 12-20 bpm. Be cautious telling the patient that you are checking respirations, as they may breathe differently if they know it is monitored.

E -Eyes -

- Check three things:
1. _____
 2. _____
 3. _____

(constricted=small, dilated=large) Note any differences between the left and right pupil, and remember here the possibility of a natural eye condition (ex. glass eye).

You can use a penlight to assess the patient's eyes



If eyes appear normal, we say they are P.E.A.R.L.

S - Skin

Check for three things: 1. _____
 2. _____
 3. _____

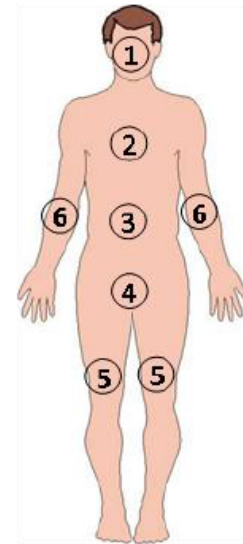
Check any exposed part of skin. Check fingernail beds and lips as well. Compare temperature with your own.

T - Time
LOC - Level of Consciousness
P - Pulse
R - Respirations
E - Eyes
S - Skin

Head to Toe

For an unconscious patient, you check each region of the body and note anything that you find

- ❑ Head & Neck: *around eyes, cheekbones, jaw, through hair, in & behind ears, trachea and neck*
- ❑ Chest & Back: *sternum, around ribs, along the spine, kidneys*
- ❑ Abdomen & Back: *four quadrants of the abdomen,*
- ❑ Pelvis & Hips *push gently on hips, look for incontinence*
- ❑ Legs & Feet: *check carefully down each limb, pulse, cap refill, and pain response*
- ❑ Arms & Hands: *check carefully down each limb, pulse, cap refill, and pain response*



For a conscious patient, you can verbally check for any other injuries and then do a modified head to toe for any injured regions.

For example, the patient has hurt their wrist. You would verbally check

- ❑ Head & Neck: *did you fall or hit your head? Any pain on moving your neck?*
- ❑ Chest & Back: *take a deep breath, any pain in your chest? Does your back hurt at all?*
- ❑ Abdomen & Back: *any pain in your stomach or lower back?*
- ❑ Pelvis & Hips *any pain in your hips?*
- ❑ Legs & Feet: *any pain in your legs?*
- ❑ **Arms & Hands: *check carefully down each limb, pulse, cap refill, and pain response***

Name: _____

Secondary Survey "Lab"

Pulse Rate:

1) Find your carotid pulse and time it for 10 seconds: _____

Multiply by 6 to get your pulse rate in beats per minute: _____



carotid pulse

2) Find your radial pulse and time it for 10 seconds: _____

Multiply by 6 to get your pulse rate in beats per minute: _____



radial pulse

3) Take off your shoe/sock and find at least one of the pulses in your foot.

time it for 10 seconds: _____

Multiply by 6 to get your pulse rate in beats per minute: _____



dorsalis pedis



posterior tibial

Capillary Refill

1) While your foot is available, check the capillary refill in your toes. Squeeze your toe, and time how long it takes for the colour to return:

Capillary Refill (toes) _____ seconds

2) Check the capillary refill in your fingers:

Capillary Refill (fingers) _____ seconds

Breathing

1) Try breathing normally, and count how many times you inhale (chest rises):

time it for 15 seconds: _____

Multiply by 4 to get your breathing rate in breaths per minute: _____

INDIVIDUAL ACTIVE

Complete one minute of physical activity (fast walk, run, jumping jacks, etc.), then:

Pulse Rate:

Find your carotid pulse and time it for 10 seconds: _____

Multiply by 6 to get your pulse rate in beats per minute: _____

Capillary Refill

Check the capillary refill in your fingers:

Capillary Refill (fingers) _____ seconds

Breathing

Try breathing normally, and count how many times you inhale (chest rises):

time it for 15 seconds: _____

Multiply by 4 to get your breathing rate in breaths per minute: _____

How long (approximately) does it take for your pulse/respirations to return to normal rates?

PARTNER RESTING

Pulse Rate:

Find a radial pulse and time it for 10 seconds: _____

Multiply by 6 to get your partner's pulse rate in beats per minute: _____

How does the rate that you got compare to their own assessment?

Capillary Refill

Check the capillary refill in their fingers:

Capillary Refill (fingers) _____ seconds

How does the time that you got compare to their own assessment?

PARTNER PUPIL ASSESSMENT

Use a penlight with a pupil measurement chart

In normal light, measure your partners' pupil size: ____ mm

Have your partner look at the light while you measure their pupil size: ____ mm

Have your partner close their eyes tightly for at least 5 seconds, then open them directly into the light, and observe how quickly the pupil size changes:

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Exposure Protection

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The answers may be obvious, but still go through these questions (at least in your head) every time looking for anything life-threatening:

LOC – is the person fully conscious or about to collapse? (you can probably tell by their answer to "What Happened?"

d-Spine – "Did you fall or hit your head?"

ABC's – "Take a deep breath: Are you having any difficulty breathing??"

RBS – (may be visual or verbal depending on patient)

Deadly Bleeding?

Escaping Air?

Major Fractures?

Life-Threatening Medical Conditions?

****If the patient has any life-threatening problems, then stop and give critical intervention immediately**

#3 – EMS and AED

If the patient has any life-threatening problem, then activate EMS as soon as you discover it. If not, the decision on whether to activate EMS can be made later.

#4 – Shock Treatment

Assess for signs of shock

- 1) Pale Skin
- 2) Cool Temperature
- 3) Clammy/sweaty Skin
- 4) Cyanosis (blue extremities)
- 5) Numbness and Tingling in the extremities
- 6) Confusion and decreased LOC

If the patient demonstrates any of the above symptoms then treat for shock. If there are symptoms beyond #2 above, then call 9-1-1 immediately.

#5 – Secondary Survey

see further notes for more details

#6 – Treatment

any treatment of non-life or limb threatening injuries should be done only after the secondary survey is complete.

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If you haven't already, then decide:

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- b) drive to hospital
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The chief complaint does not need to be in the victim's own words, and should not include a diagnosis.

- _____ (ex. How did it happen?)

It is important to find out what happened to cause the injury because it may change how you deal with the patient.

If the victim is unconscious, you can find out what happened from a bystander.

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This question is very important, especially if the patient is experiencing any symptoms that could be an allergic reaction. You also want to know if they are allergic to any medications that EMS may later want to administer.

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Perhaps your patient is having an angina attack, and they haven't taken their medication because they left it somewhere. You may be able to send a bystander to get it. Remember that you can NOT administer medication to any victim, they must do it themselves.

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It can be very useful to find out if the patient has experienced the same thing before. It may be helpful to ask how they were treated the last time.

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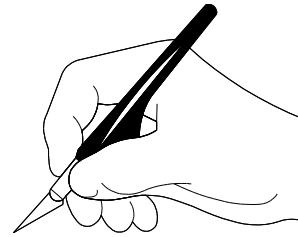
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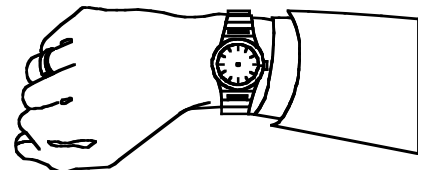
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