Clinical Decision Making

2007 Version

LINEAR THINKING

- Protocols and Algorithms are linear
- They promote a “cookbook” approach

CRITICAL THINKING

- Best described as being able to “switch gears” rapidly and readily.
- You are able to better respond to the “gray” areas.
- Patient care remains “fluid”

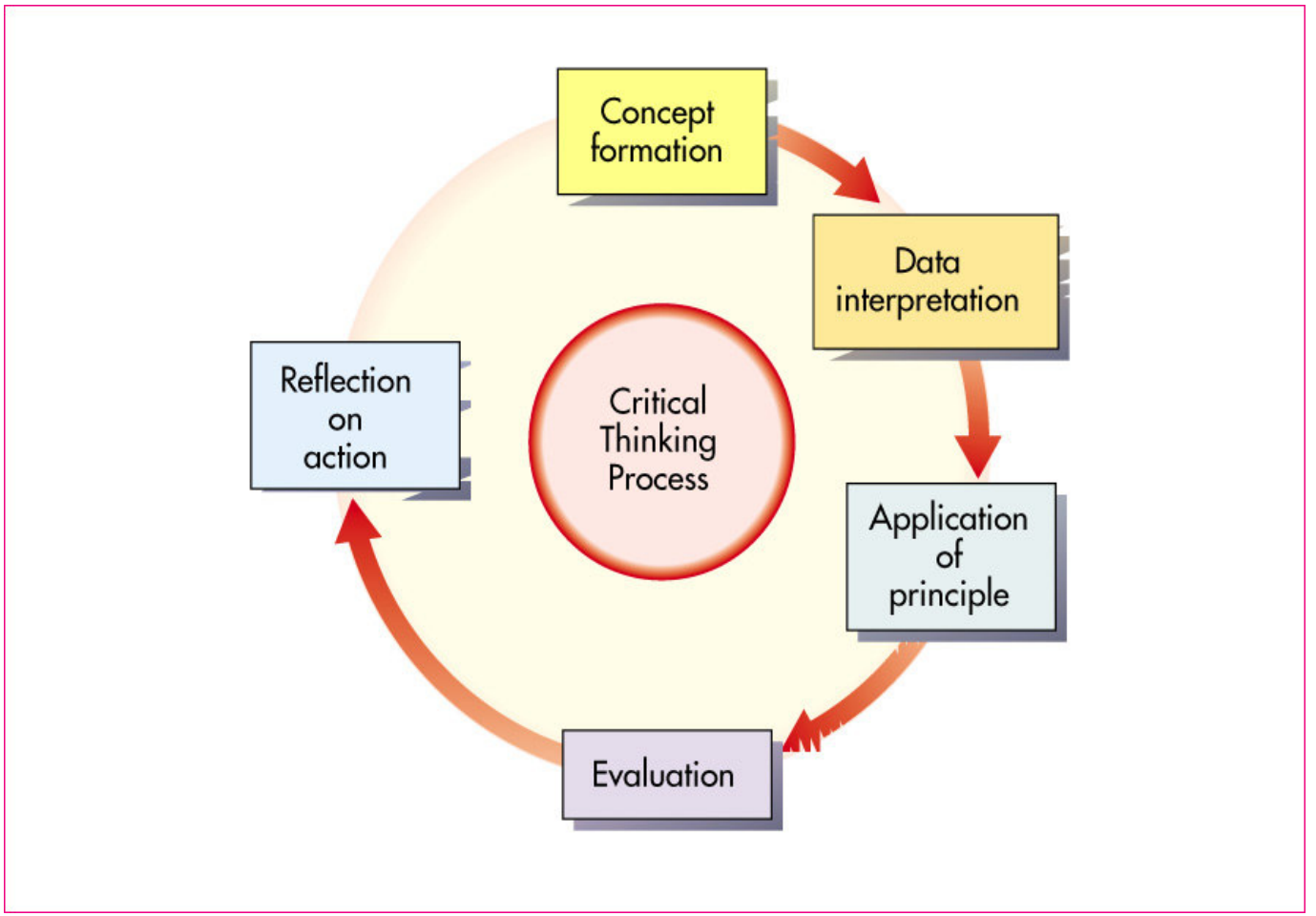
Basic Rules for Paramedics

- If it ain't broke, don't fix it
- If it is broke, fix it right
- ***Think carefully before attempting to "fix" things!***

CRITICAL THINKING PROCESS FOR PARAMEDICS

- Concept formation
- Data interpretation
- Application of principle
- Evaluation
- Reflection on action

CRITICAL THINKING PROCESS



CONCEPT FORMATION

- ***General impression***
- The “What” of the job
- Composed of:
  - Size up
  - Assessment
  - Chief complaint
  - History

DATA INTERPRETATION

- Gather Data
  - Develop your differential diagnoses
- Form a field impression
- Form a working diagnosis
  - Do we diagnose???

APPLICATION OF PRINCIPLE

- Fix it if it is broken
- Treatment is begun based on the field impression/working diagnosis
- There may be multiple impressions
- It may be clouded or gray
- Think “out of the box”
- Don’t be constrained by linear thinking!

- Do not be afraid to say: “I HAVEN’T GOT A CLUE AS TO WHAT IS GOING ON!”
- **Doing a proper and orderly patient assessment is your best tool for figuring out what is going on!**
- Do not hesitate to ask for other opinions!
  - ALS
  - BLS
  - Patient/Family
  - ***Medical Control***

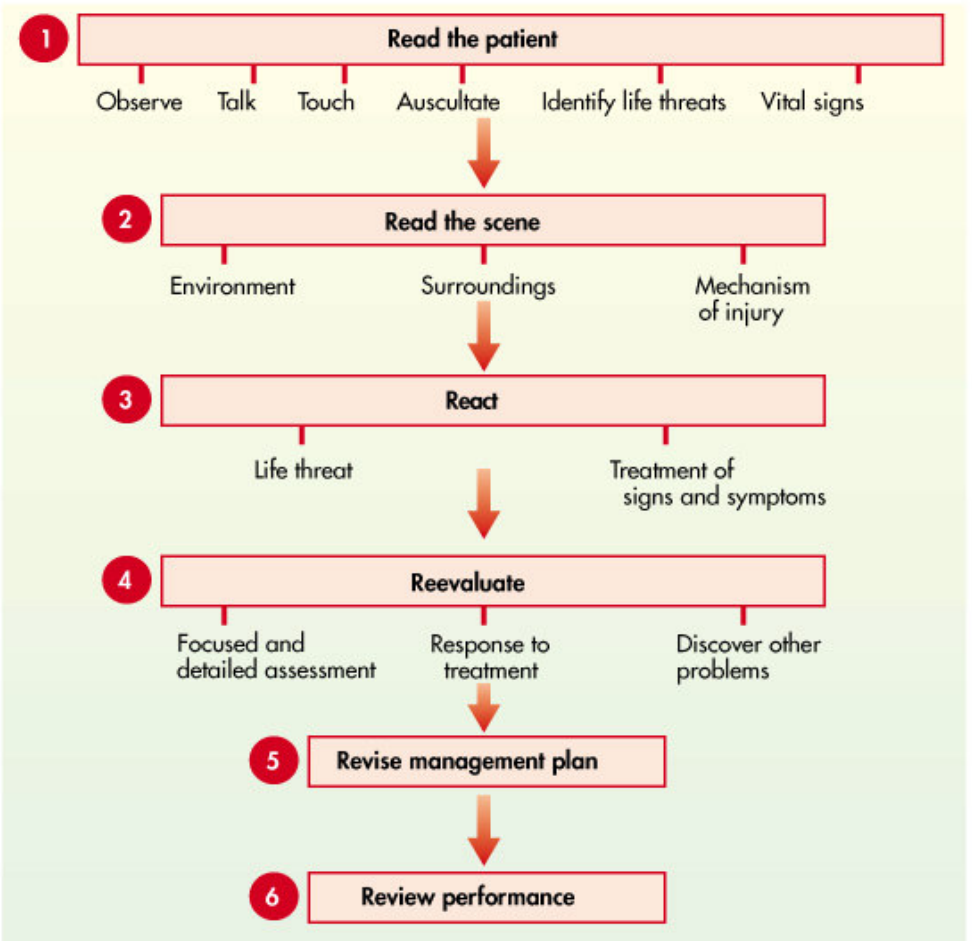
EVALUATION

- Ongoing assessment
- Effectiveness of action
- Revision of field diagnosis
  - Based on new information
  - **Based on reactions to treatment**
  - "Switching gears"
- "OOPS" is OK – as long as you recognize it quickly and correct it

REFLECTION ON ACTION

- Call audits, run critiques, “Call Reviews”
- Quality improvement
  - How can it be done better next time?

The six “R”s


1
Read the patient
Observe
Talk
Touch
Auscultate
Identify life threats
Vital signs
2
Read the scene
Environment
Surroundings
Mechanism of injury
3
React
Life threat
Treatment of signs and symptoms
4
Reevaluate
Focused and detailed assessment
Response to treatment
Discover other problems
5
Revise management plan
6
Review performance

Bad Information

What effect would inaccurate, incomplete, or incorrect concept information have on your critical thinking process?

Call Review

- How can a “Call Review” affect the way you treat a patient in the future?
- What about punitive reviews?
- Do they stimulate learning?

Let’s work with a few realistic scenarios

Case 1

- A patient does not speak your language. He appears very ill, is pale and diaphoretic, and has a very slow, irregular heartbeat. He gets very anxious and pulls away when you attempt to start O2 and and IV.
- Think about how would you treat this patient.
- Let's list the interventions in the proper order – given the rules of patient assessment

Case 2

- A patient with COPD has signs and symptoms of heart failure and is wheezing also
- Think about how would you treat this patient.
- Let's list the interventions in the proper order – given the rules of patient assessment

Case 3

- You respond to a call for an unconscious.
- Upon arrival, you encounter a elderly female lying supine in bed.
- She may have “passed out”
- Her physical exam is unremarkable.
- Vitals signs are P-32, R-18,BP 110/70
- Cardiac monitor shows a 3rd degree block (a profoundly bradycardic rhythm)
- Think about how would you treat this patient.
- Let’s list the interventions in the proper order – given the rules of patient assessment

Case 4

- You are backing up a BLS unit for an unconscious diabetic.
- Upon arrival, you find the EMT wrestling with a confused patient in attempt to get a non-rebreather on the patient.
- There is a supervisor present, who is ordering the EMT to get the O2 on as per the AMS protocol.
- How do you proceed?

Questions?