

Quality Patient Assessment

*** CME Version ***

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When to call for ALS?

- When protocols indicate
- When your **patient assessment** indicates that you have an unstable or potentially unstable patient
- ***When you know something is wrong, but really have no idea what's going on***



When NOT to call ALS?

- Very tough question to answer:
- Some possible examples:
 - Patient refuses transport
 - Patient wants to go to a hospital that is “not right” for the situation
 - Take a finger stick where pt is refusing transport
 - Take an EKG where pt is refusing transport



Quality Patient Assessment



“Scenario”

- Dispatcher puts out a call to “check out” a 75 year old (YO) not feeling well
- 2 units dispatched
- Units arrive on the scene within one minute
- 10 minutes into the call, units request a bus
- 15 minutes into the call, units request medics on a “Code One” – “Pulmonary Edema”
- Medics meet units on the bus – ALS is not done because the pt is too combative
- **Patient codes upon arrival in the ER**



What Went Wrong?

- MANY THINGS WENT WRONG!
 - For example?

- ***Most probable issue:***
 - ***Poor (or no) Patient Assessment!***



The Bottom Line

Poor patient assessment

MEANS

Poor Patient Outcome!



Agenda for the CME

- State Exam pt. assessment and real-life pt. assessment
 - Trauma vs. Medical? Does it make sense?
 - Treat ABCs as you find – Don't go to C before B? Does it really happen like that?
 - More than one EMT on calls
- **Real Patient Assessment steps**
 - **Emphasis on "ABCDEFs"**
 - This is where life and death decisions need to be made
 - Patient History
- **Work out some real scenarios**



Real Patient Assessment



Dispatch Information

- Take up your "BP and O₂"
 - **WORTHLESS INFORMATION!**
- **75 YO difficulty breathing**
- On the way to the call, *think* about what the dispatcher said and what you need to be prepared to do



Scene Survey

- Your own safety (EDP, Fire)
- **How to get patient out?**
 - More units for carry out; make a path to get the pt. out; special equipment
 - **Need FD/ESU?**
 - **NOW** is the time to get the dispatcher to request
 - **“General Impression”**
 - Looks Sick/OK/Dead
- **Do you need more BLS or Medics?**



Mechanism of...

- **Injury**
 - Speed of vehicle?
 - Wore seat belts?
 - Was patient moved?
 - Type of penetrating injury?
 - **Did a shooting victim know that he was going to be shot?**
- **Illness**
 - O₂ in the house?
 - Condition of meds (age/last refill/# of pills left)
 - Food in the fridge?
 - Dust/Fumes in an asthmatic house
 - Smoker?
 - Evidence of alcohol/drug abuse
- **Do you need more BLS or Medics?**
- **C-Spine immobilization??**



Assess Responsiveness/Airway

- **Unconscious?** (“Tap & Shout”)
- **Treat with:**
 - Head Tilt (no evidence of spinal trauma)
 - Modified Jaw Thrust (suspected spinal trauma)
 - OPA/NPA
 - **Suction**
 - **Cricoid Pressure**
 - This is a BLS skill!
 - Position the patient appropriately
- **Do you need more BLS or Medics?**



Breathing

- **Is the patient breathing?**
- No?
 - BVM
 - Add O₂ as soon as you can
- Yes?
 - **Is the volume adequate?**
 - No?
 - BVM
 - Yes?
 - "free flow" O₂ (NRB/Nasal?)
- **Do you need more BLS or Medics?**



Is the Volume Adequate?

- How do you know?
- **LOOK at patient** and...
- *Estimate* respiration rate
 - Fast, normal, slow
- *Estimate* how deep the breathing is
 - Deep, normal, shallow
- **IF IN DOUBT, BAG THE PATIENT!**
- **Do you need more BLS or Medics?**



Bellows – Trauma Cases

- Chest Structure
 - Equal movement of both sides
 - Impaled objects?
 - Sucking chest wounds?
 - Flail chest? ** **New Protocol 1/1/10** **
- **Any of these automatically become a high priority transport**
- **Do you need more BLS or Medics?**



Inadequate Breathing – Signs?

- Cyanosis?
 - A **VERY LATE** sign
- Pulse oximeter?
 - Too many conditions can show “good numbers” and quickly kill a person
 - Dehydrated patient
 - Internal bleeder
 - External bleeder
 - Carbon Monoxide poisoning
- Pulse oximeter is great for monitoring a patient ***over time***



Inadequate Oxygen – Signs

- **Rapid breathing**
- Restless
- Agitated/Combative
- Tachycardia/Cool, pale, sweaty skin
- Inspiratory retractions
- Tracheal tugging
- Exaggerated chest motion
- Flared nostrils
- Open mouth
- **Pursed Lip breathing**
- **Tripod position**
- → Some of these signs are a result of the body's attempt to make the most with not enough oxygen ←



CO₂ Narcosis

- Too much CO₂ in the blood → brain
- Caused by inadequate *ventilation*
- Signs
 - Sleepy → **Look for yawning!**
 - Fatigue
 - Progresses quickly to respiratory arrest!
- **What is the solution?**



Breathing Assessment

- *I inspect*
- *P-palpate*
- *A-auscultate*
- *S-seal open wounds*
- *S-stabilize*
- *O-O2 decision*



Circulation

- Are there any obvious major bleeding?
- Is there a pulse?
- Yes?
 - Too slow? Or too fast?
 - Some causes of slow pulse?
 - Some causes of fast pulse?
 - Can *you* do anything about it?
 - Does it make sense to do anything about it?
- No?
 - AED and Compressions



Circulation -- 2

- **Some obvious signs of good circulation:**
 - Appropriate mental status
 - Normal skin color, moisture, temperature
 - **Presence of peripheral pulses**
 - Use radial pulse
 - **Capillary Refill No Longer Recommended for any age**
- **➔ See slide on Inadequate Oxygen Signs**



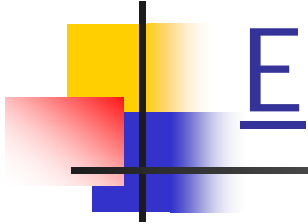
Estimate Systolic BP

- Is there a radial pulse?
 - Systolic BP is at least 80
- If no radial pulse, Is there a femoral pulse?
 - Systolic BP is at least 70
- If no femoral pulse, Is there a carotid pulse?
 - Systolic BP is at least 60
- **No need to measure the pulse or BP now!**
- ***** How reliable are these estimates?***



Disability Check

- Level of Consciousness
 - Do they know who they are? where they are, what day it is, **what happened?**
 - **A & O X 4**
- Can they move their limbs?
- Can they feel pain in the limbs?
- In trauma pt., assess pupils reaction to light



- Expose

- Only as much as needed
 - Modesty **IS** important
 - Loss of heat **IS** important

- Explain

- Time to explain what's going on to your **frightened** patient!



Formal Vital Signs

- Pulse
- Respirations
- BP
- Skin Color/Moisture/Temperature
- Mental Status
- **→ These need to be repeated until you are at the hospital ←**



Get the SAMPLE History

- Signs and Symptoms
- Allergies
- Medications
 - Prescription & OTC
- Past Medical History
- Last Meal
- Events leading up to the problem

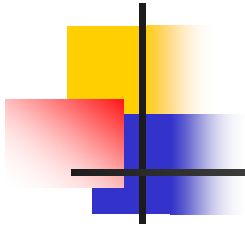


Pain Questions

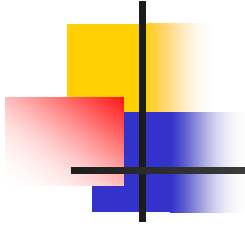
- Onset: Rapid/gradual
- Provokes/Palliates: What makes it worse (and better)
- Quality: Sharp/dull ache/pressure
- Radiates: To where?
- Severity: (scale of 0 to 10 is useful)
- Time: Does it change with time?
- **If possible have them describe as opposed to answering Yes/No**



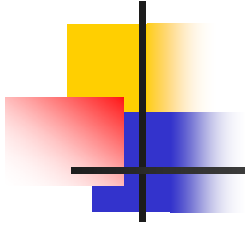
Scenarios



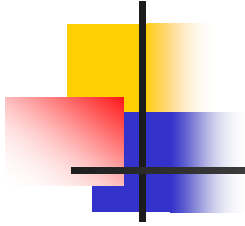
65 YO Male found unconscious in bed



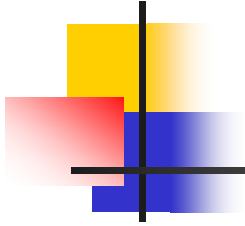
*72 YO alert male lying on his back
c/o "I can't breath"*



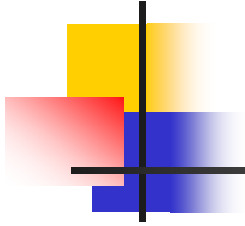
*65 YO male sitting in a chair at
home telling you:
“I’m not feeling well”*



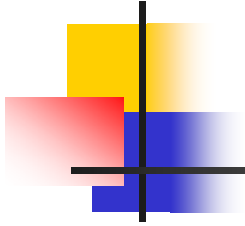
33 yo lying in bed c/o abdominal pain
for 2 days



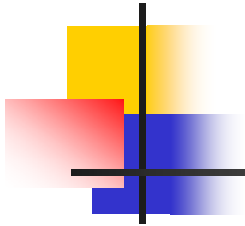
50 yo male found by wife (after coming from work) lying in bed face down. She can't wake him up.



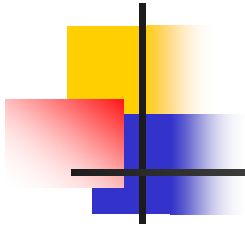
80 yo male clutching his chest
complaining of severe chest pain



72 yo male sitting at the edge of his bed
c/o SOB, very agitated. There is
a large O2 tank in the room.



You find a semiconscious 51 yo male lying prone on the floor. There is a small cut on his forehead that looks a few days old.



“I fell and I can’t get up”