PATIENT ASSESSMENT

CHAPTER 14

LEARNING OBJECTIVES

After completing this chapter, you should be able to:

- Comprehend and ensure scene safety by evaluating potential hazards and conducting thorough scene size-ups
- Recognize the need for additional and specialized resources and manage their request and coordination effectively
- Systematically perform primary survey to identify and manage immediate life threats using the ABCDE approach, and initiate appropriate interventions
- Perform comprehensive secondary assessment and gather detailed patient history using established mnemonics
- Assess and prioritize patient transport based on triage principles and transport decision factors

KEY TERMS

- Scene Size-Up – A quick visual overview of the scene to determine potential hazards and safety
- Scene Safety – The process of identifying and mitigating risks before approaching a patient
- Primary Assessment – Rapid, systematic evaluation of a patient's overall status to identify immediate life threats and determine priority using the ABCDE approach
- Secondary Assessment – Comprehensive evaluation including vital signs and physical exam
- SAMPLE History – Mnemonic for Signs/Symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to illness/injury
- OPQRST – Mnemonic for Onset, Provocation/Palliation, Quality, Region/Radiation, Severity, Time
- Triage – The process of sorting patients based on the severity of their condition
- Transport Priority – Classification of how quickly a patient needs to be transported. "Stay and Play" or "Load and go"
- Mutual Aid – Formal arrangements between agencies to assist jurisdictional boundaries

LESSON 1

SCENE SAFETY AND MANAGEMENT

This lesson covers the fundamentals of ensuring safety at emergency scenes. It teaches EMTs how to conduct a proper scene size-up, identify common hazards, use appropriate personal protective equipment (PPE), and manage the scene effectively. Topics include why scene safety matters, elements of scene evaluation, hazard identification, crowd control, and inter-agency coordination. The emphasis is on protecting EMTs, patients, and bystanders from potential dangers before beginning patient care.

ACTIVITY 1: PPE SELECTION CHART

Check which PPE items are needed for each scenario:

Scenario	Gloves	Eye protection	N95/Respirator	Gown/Coveralls	High-Vis Vest
Bleeding control					
COVID-19 symptoms					
Traffic accident					
Chemical exposure					

ACTIVITY 2: SCENE HAZARD IDENTIFICATION

For each emergency scenario, identify at least 3 potential hazards you should look for:

Vehicle accident on a busy highway

-
-
-

House fire with reported victims

-
-
-

Patient experiencing a psychiatric emergency

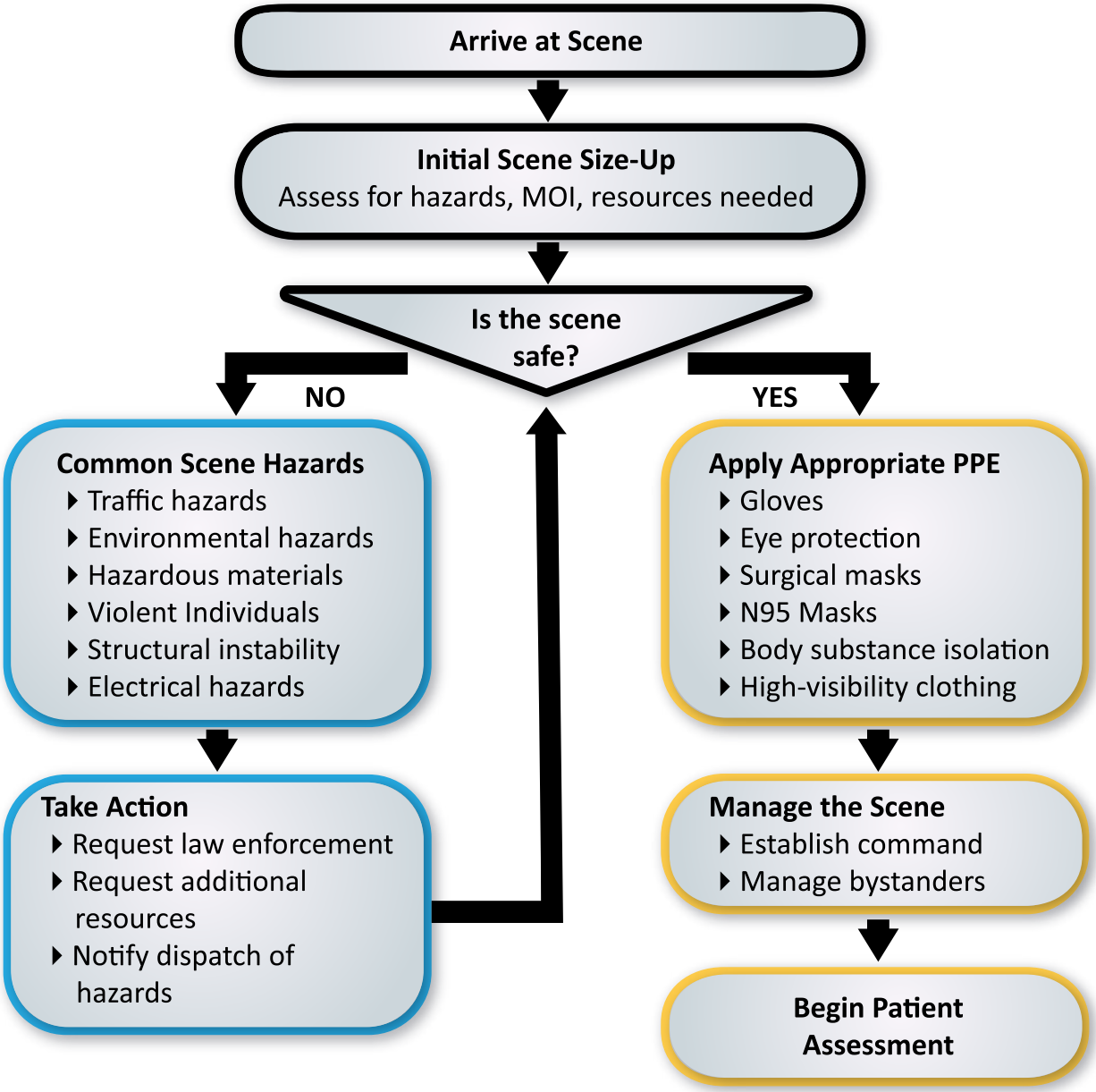
-
-
-

ACTIVITY 3: SCENE SIZE-UP FLOWCHART

Place the following in the correct order for a scene size-up:

___ Ongoing Monitoring | ___ Safety Actions | ___ Initial Scene Size-Up

___ Scene Management | ___ PPE Application | ___ Safety Decision Point



A. The first step upon arriving at any scene, where EMTs assess for potential hazards, determine the mechanism of injury and identify resource needs.
B. The critical "Is the scene safe?" decision that determines all subsequent actions.
C. If the scene is unsafe, EMTs must take appropriate actions to secure the scene or request additional assistance before proceeding.
D. Selecting and applying the appropriate personal protective equipment based on the identified hazards.
E. Establishing command, managing bystanders, and coordinating resources.
F. The continuous reassessment of scene safety throughout the incident.

LESSON 2

ADDITIONAL AND SPECIALIZED RESOURCES

This lesson focuses on recognizing when to call for backup and how to request specialized emergency resources. It covers different types of specialized resources (Hazmat teams, technical rescue, air medical services, etc.), proper protocols for requesting assistance, understanding mutual aid agreements, effective multi-agency communication, and resource staging and management. Students learn the importance of documenting resource utilization for operational, legal, and financial purposes.

ACTIVITY 1: WHEN TO CALL FOR BACKUP

Using the pictures for guidance list five situations that will require additional resources, and what those resources might be:

1. _____

2. _____

3. _____

4. _____

5. _____





ACTIVITY 2: RESOURCE IDENTIFICATION

Resource	Scenario
Hazmat Team	
Technical Rescue	
Air Medical Services	
Crisis Negotiation	
Water Rescue	

ACTIVITY 3: MUTUAL AID CONCEPTS

In your own words, explain what mutual aid is and why it's important:

LESSON 3

PRIMARY AND SECONDARY ASSESSMENTS

This lesson introduces primary and secondary assessments. Students learn how EMS providers quickly and systematically assess patients to find and treat problems. It explains each phase of the patient assessment progress. The primary assessment focuses on identifying and managing life-threatening conditions using the ABCDE approach. The secondary assessment includes gathering a patient history, performing a focused physical exam, and identifying additional injuries or illnesses. Students will understand how to prioritize care, recognize critical findings, and move efficiently through the patient assessment process.

ACTIVITY 1: PRIMARY ASSESSMENT

Match the ABCDE components with each assessment box:

- Circulation
- Breathing
- Disability
- Environmental event
- Airway

_____
- Able to speak
- Check for obstructions

_____
- Expose for life threats
- Consider environmental issues

_____
- Effort
- Rate

_____
- Brief neuro check
- AVPU

_____
- Pulse check
- Major bleeding

PRIMARY ASSESSMENT GOALS

- Identify immediate life threats
- Treat immediate life threats

ACTIVITY 2: VITAL SIGNS REFERENCE

List normal ranges for each vital sign by age group:

Vital Sign	Adult	Child	Infant
Pulse Rate			
Respiratory Rate			
Blood Pressure			

ACTIVITY 3: CHIEF COMPLAINTS

(Chest pain, bicycle accident, shortness of breath, fall from ladder, allergic reaction)

For each of the above chief complaints practice asking these patients assessment questions using the 4 Assessment Acronyms that are often used in EMS. Imagine the answers the patient could give and what those answers might mean.

SAMPLE HISTORY WORKSHEET

- ☐ S – Signs/Symptoms
- ☐ A – Allergies
- ☐ M – Medications
- ☐ P – Past Medical History
- ☐ L – Last Oral Intake
- ☐ E – Events Leading Up

OPQRST PAIN ASSESSMENT

- ☐ O – Onset
- ☐ P – Provocation/Palliation
- ☐ Q – Quality
- ☐ R – Region/Radiation
- ☐ S – Severity
- ☐ T – Time

HEAD-TO-TOE EXAMINATION

- ☐ Head and face
- ☐ Neck Chest
- ☐ Abdomen
- ☐ Pelvis
- ☐ Extremities
- ☐ Posterior body (Back)

DCAP-BTLS MNEMONIC

- ☐ D – Deformities
- ☐ C – Contusions
- ☐ A – Abrasions
- ☐ P – Punctures/Penetrations
- ☐ B – Burns
- ☐ T – Tenderness
- ☐ L – Lacerations
- ☐ S – Swelling

LESSON 4

PATIENT HISTORY TAKING

This lesson focuses on gathering accurate patient information. It explains why patient history matters, how to utilize additional information sources (family members, bystanders), and approaches for culturally competent history taking. Students learn strategies for overcoming common obstacles to history taking (altered mental status, language barriers, pediatric patients) and proper documentation techniques for patient histories.

ACTIVITY 1: EFFECTIVE COMMUNICATION TECHNIQUES

For each communication technique below, read the description then write an example of how you would demonstrate this with your patient. Challenge yourself and provide examples for a variety of scenarios (pediatric patients, language barriers).

- Active Listening – Give your full attention to the patient, maintaining appropriate eye contact and acknowledging what they're saying with nods or brief verbal affirmations.

  EXAMPLE _____

  _____

- Open-Ended Questions – Use questions that encourage detailed responses rather than yes/no answers.

  EXAMPLE _____

  _____

- Clarifying Questions – Follow up with questions that help you understand specific details.

  EXAMPLE _____

  _____

- Reflective Statements – Paraphrase what the patient has told you to confirm understanding

  EXAMPLE _____

  _____

- Simple Language – Avoid medical jargon that patients may not understand; use plain language appropriate to their comprehension level.

EXAMPLE _____

_____

- Empathetic Responses – Acknowledge patients' emotions and concerns.

EXAMPLE _____

_____

- Non-Verbal Communication – Be aware of your body language, facial expressions, and positioning to convey attentiveness and respect.

EXAMPLE _____

_____

- Pacing – Match your speech rate and energy level to the patient's when appropriate; speak more slowly with elderly or anxious patients.

EXAMPLE _____

_____

- Silence – Allow appropriate pauses to give patients time to think and respond fully without rushing them.

EXAMPLE _____

_____

- Therapeutic Touch – When appropriate and with permission, use reassuring touches like a hand on the shoulder to establish rapport.

EXAMPLE _____

_____

ACTIVITY 2: OVERCOMING BARRIERS

Give examples of how to get overcome each barrier:

Patient with language barriers: _____

_____

_____

Pediatric patients: _____

_____

_____

Patient with hearing impairment: _____

_____

_____

Confused elderly patient: _____

_____

_____

ACTIVITY 3: DOCUMENTATION PRACTICE

When documenting you will always need to document a chief complaint, subjective findings and objective findings for each patient. Practice coming up with some examples of each that you might find in the field.

- Chief Complaint: Patient's primary reason for seeking medical attention, list some examples:
  - Chest pain
  - _____
  - _____
- Subjective Findings: What the patient expressed feeling, list some examples:
  - Dizzy
  - _____
  - _____
- Objective Findings: EMT findings that are measurable and can be verified by examination:
  - Vital signs
  - _____
  - _____

LESSON 5

PRIORITY OF PATIENT TRANSPORT

This final lesson covers making critical decisions about patient transport. Topics include assessing transport urgency, multi-patient triage principles, key factors affecting transport decisions, conditions requiring rapid transport, balancing on-scene time ("Stay and Play" vs. "Load and Go"), effective hospital communication, and properly documenting transport decisions. Students learn to prioritize patients and determine the most appropriate transport approach based on patient condition and available resources.

ACTIVITY 1: "STAY AND PLAY"

Review the two charts for "Stay and Play" and "Load and Go", and then provide some examples of situations for each:

DEFINITION	Spending time on scene performing interventions before transport
WHEN APPROPRIATE	▸ When patient is stable ▸ Scene is safe ▸ Interventions will significantly improve patient condition before tansport
PATIENT CONDITIONS	▸ Stable medical emergencies ▸ Stable trauma without internal bleeding ▸ Respiratory conditions requiring treatment that will improve transport safety
ADVANTAGES	▸ More thorough assessment possible ▸ Field interventions may stabilize patient before transport ▸ Safer transport with treated conditions
DISADVANTAGES	▸ Delays time to definitive care ▸ Risk of scene deterioration during prolonged on-scene time ▸ Limited resources compared to hospital

EXAMPLES

ACTIVITY 2: "LOAD AND GO"

DEFINITION	Rapid packaging and immediate transport with minimal on-scene time
WHEN APPROPRIATE	▸ Unstable or rapidly deteriorating patient ▸ Time-critical emergencies ▸ Hospital interventions are needed that cannot be performed in the field
PATIENT CONDITIONS	▸ Major trauma ▸ Unstable vital signs ▸ Stroke or acute coronary syndrome ▸ Obstetric emergencies
ADVANTAGES	▸ Minimizes time to definitive care ▸ Critical interventions performed at hospital ▸ Reduces risk of scene deterioration ▸ May improve survival in critical patients
DISADVANTAGES	▸ Limited assessment before transport ▸ Challenges performing interventions in moving ambulance ▸ May miss important findings during rush

DECISION FACTORS

Consider:

- ▸ Patient condition severity
- ▸ Potential for deterioration
- ▸ Distance to appropriate medical facility
- ▸ Traffic and weather conditions
- ▸ Level of care available at destination
- ▸ Available resources
- ▸ Transport time
- ▸ Local protocols
- ▸ Medical direction

EXAMPLES

REFLECTION QUESTIONS

1. What is your biggest concern about maintaining scene safety as an EMT?

2. How would you handle a situation where you arrive on scene and it is not secure?

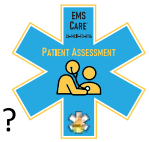
3. What challenges might you face when working with multiple agencies at a scene?

4. How can you prepare in advance to work effectively with specialized resources?

5. Why is it important to have a structured approach to patient assessment?

6. What are the differences between the assessment method for trauma patients vs. medical patients?

REFLECTION QUESTIONS



7. Why is a secondary assessment important even when a patient appears stable?

8. How would you modify your secondary assessment for a patient with altered mental status?

9. Why is it important to document both what a patient tells you AND what you observe?

10. What strategies would you use to build rapport quickly with a patient?

11. How do you balance the need for rapid transport against the benefits of on-scene interventions?

12. What factors would lead you to choose a more distant hospital over the closest one?

