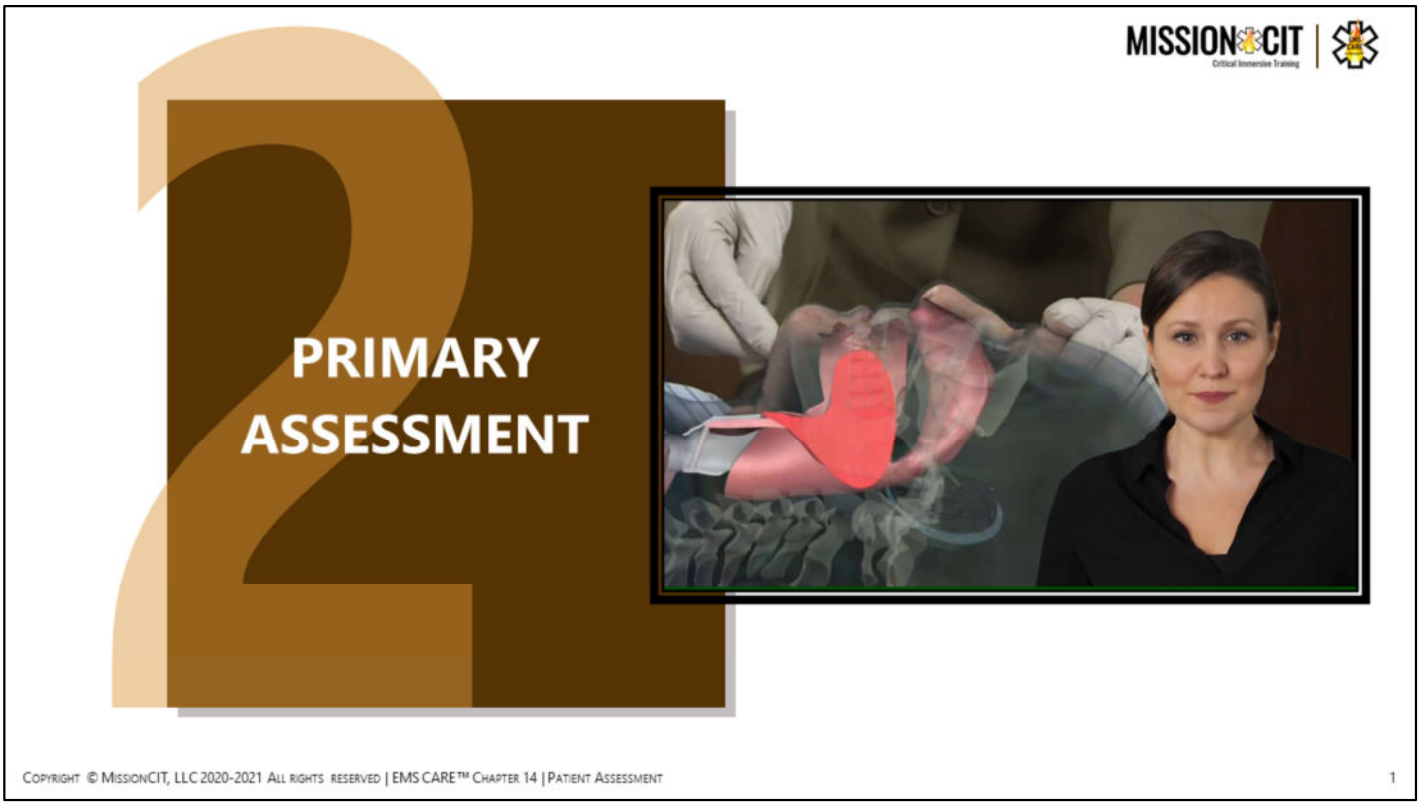
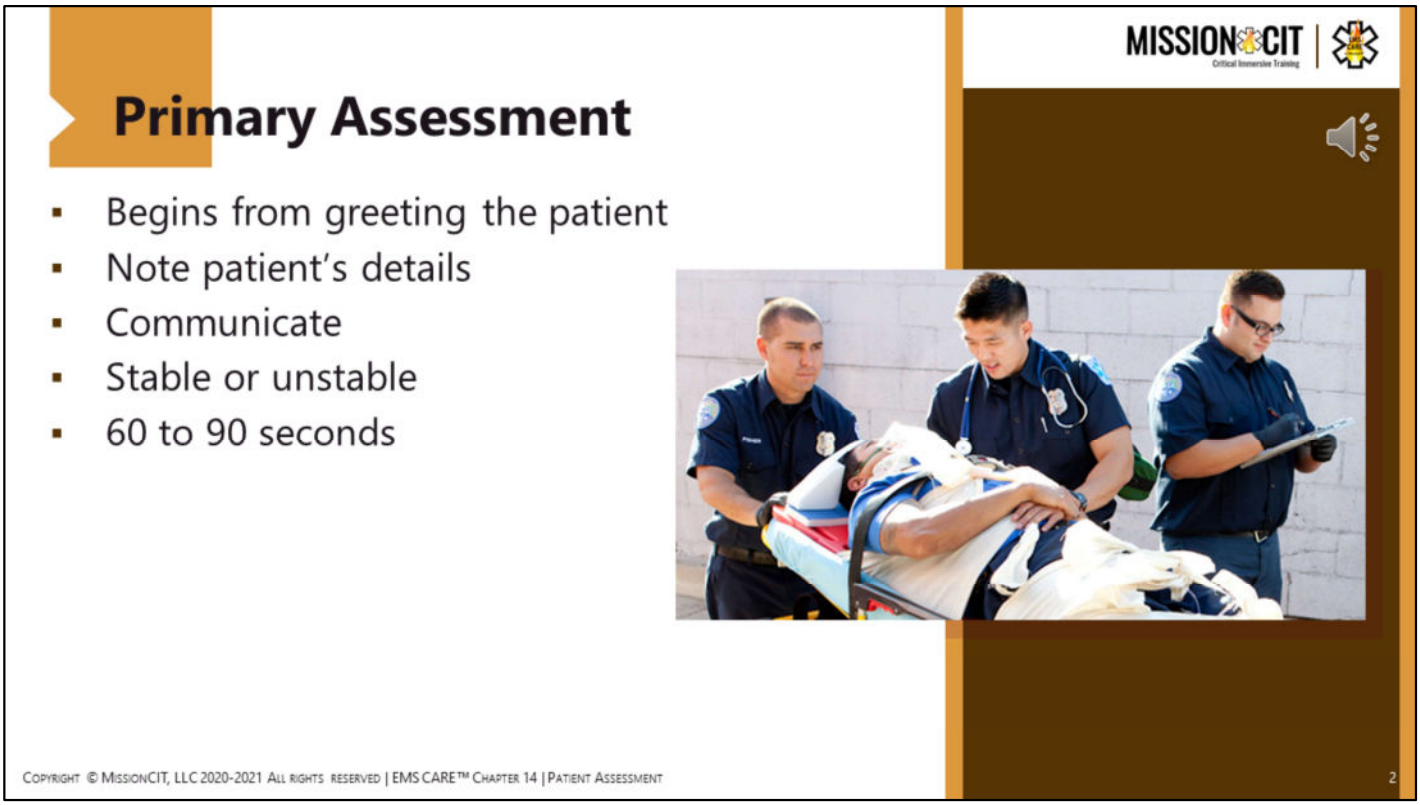


Thank you, Justin!

In this lesson, we will talk about the different assessments you can undertake to determine the condition of the patient and the nature of the illness or trauma, to provide the best possible care.



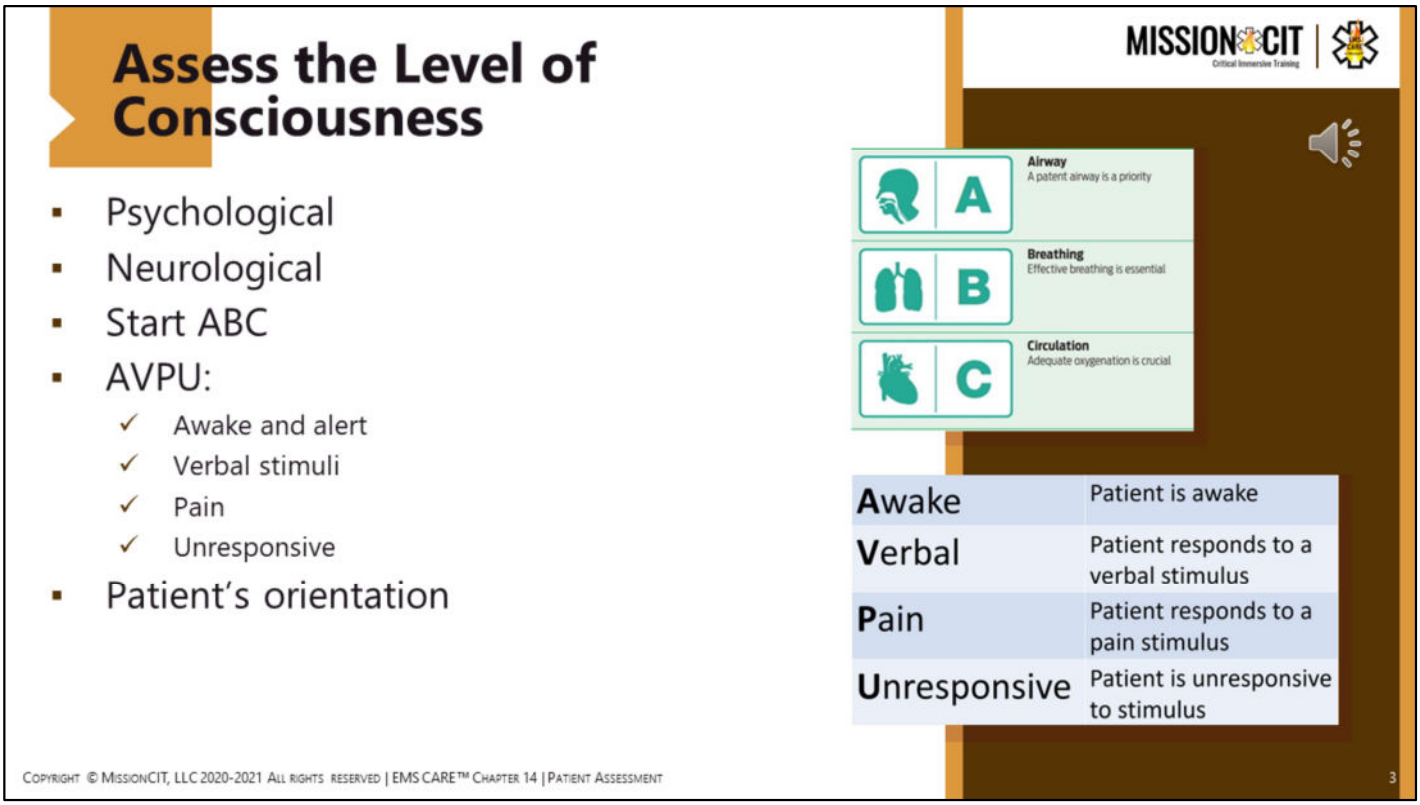
Primary assessment begins when you greet the patient. The goal here is to identify and initiate treatment for immediate and potentially life-threatening conditions.

Form an impression of the condition as soon as you see the patient and make a note of the patient's age, sex, race, level of distress, patient's position, and overall appearance.

If the patient is conscious, talk to the patient to better understand the problem. While talking to the patient,

- Avoid standing over the patient
- Address the patient by name
- Introduce yourself
- Ask about the main complaint
- Address life threats if any immediately

Within the first few seconds, you must be able to define whether a patient's condition is stable, unstable, or stable now but could become potentially unstable at any time. The time for primary assessment is 60 to 90 seconds.



The level of consciousness of a patient can tell you a lot about the patient's psychological and neurological condition.

When a patient is conscious, but the level is altered, it can be due to perfusion, medication, drugs, alcohol, and poisoning.

If a patient is unconscious, start ABCs right away.

So, how can you measure the level of consciousness?

The most popular tool is AVPU which stands for,

- Awake and Alert
- Responsive to Verbal stimuli
- Responsive to Pain
- Unresponsive

Also, the person's orientation can tell you the level of consciousness. Asking questions related to the person, place, time, and event is also a good way to determine if a patient has memory and is conscious.



An important part of the primary assessment is to quickly identify and treat life threats, as this can potentially lead to death. In most cases, start with the airways, followed by breathing, and circulation.

Some cases may warrant you to start with circulation, followed by airways and breathing.

So, how do you know when it's ABC or CAB?

Choose CAB when there is intense external bleeding if the patient appears lifeless, has no pulse, and immediate interventions are needed. In all other cases, it's ABC.

Assess the Airways

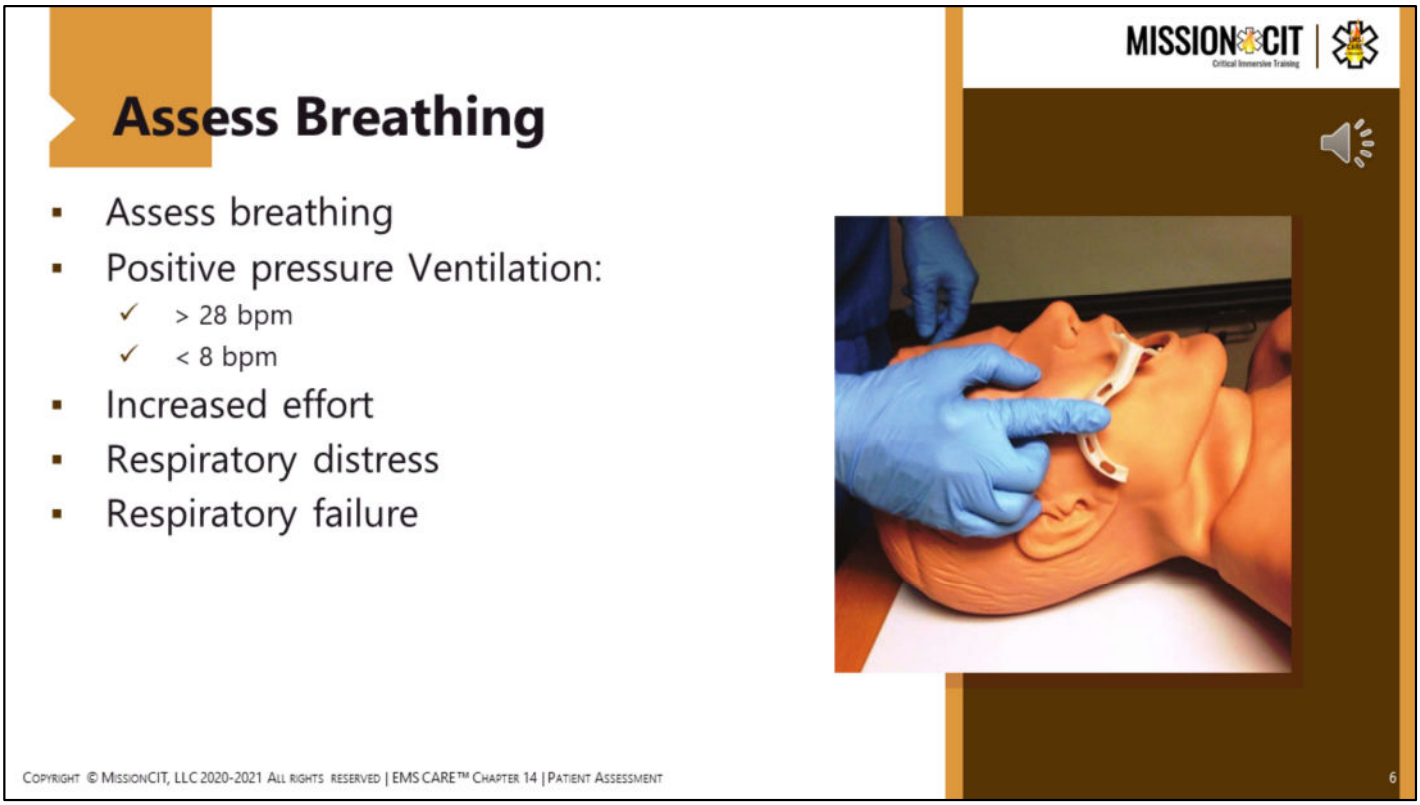
- Stay alert
- Airways are open
- Adequate
- Talk or cry – Responsive
- Vomit in airway
- Exsanguinating bleeding



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As you assess your patient, stay alert for obstruction of the airways. Your main task is to ensure that the airways remain open and adequate at all times.

This is more important in unresponsive patients, as responsive patients who talk or cry can do so only when their airways are open. Any vomit in the airway that enters the lungs is very serious and often fatal. Exsanguinating bleeding must be stopped immediately.



Next, assess the breathing to ensure that it is present and is adequate.

Some of the questions to ask yourself are:

- Is the patient breathing?
- Is the patient breathing adequately?
- Is the patient hypoxic?

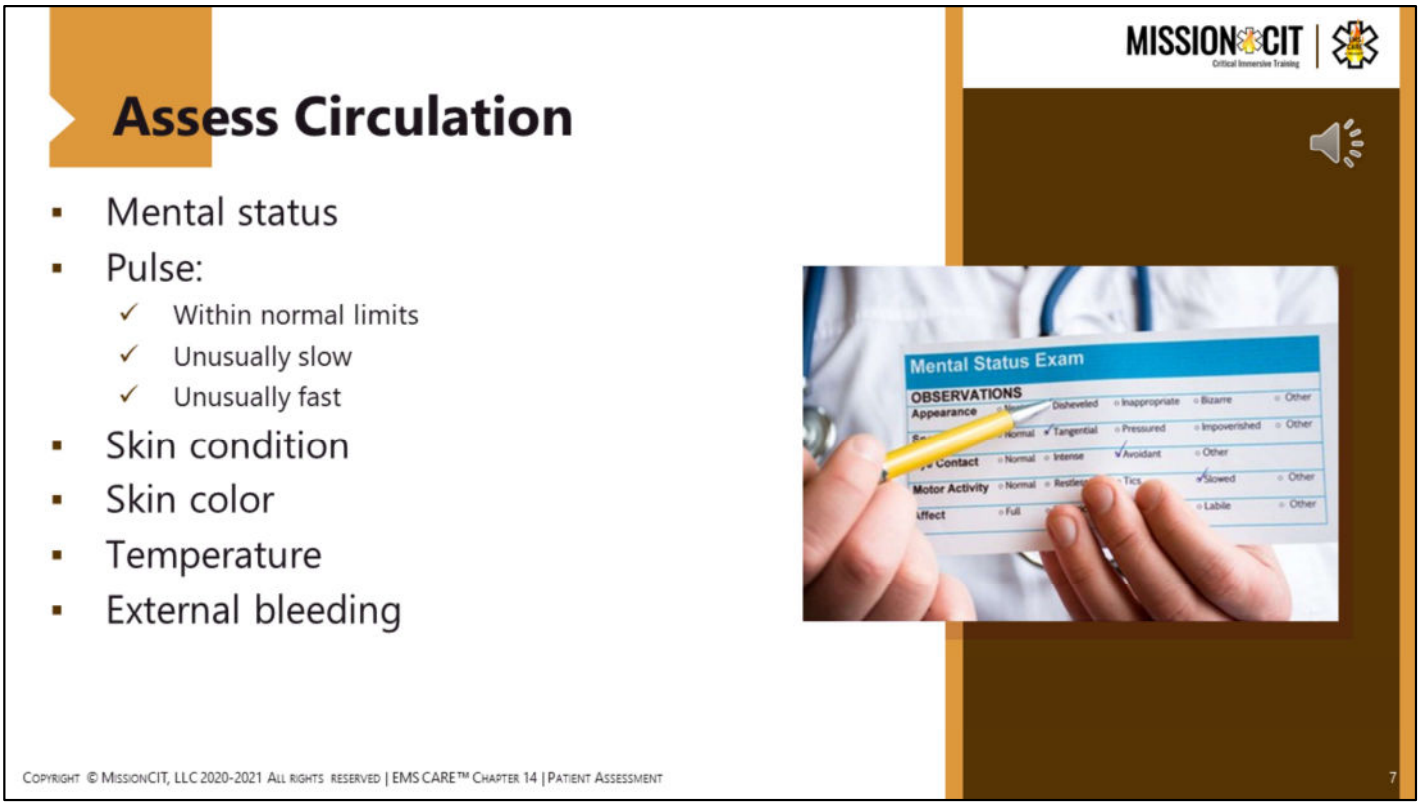
Based on your assessment, when the breaths are greater than 28 breaths per minute, less than 8 breaths per minute, or too shallow to facilitate adequate air exchange, provide positive pressure ventilation with an airway adjunct.

Also, look out for signs of increased respiratory effort that includes,

- Retractions
- Use of accessory muscles
- Nasal flaring
- Two to three word dyspnea
- Tripod position

- Sniffing position
- Labored breathing

Respiratory distress is increased effort and rate of breathing while respiratory failure occurs when the blood is inadequately oxygenated or when the ventilation is inadequate to meet the demands of the body.



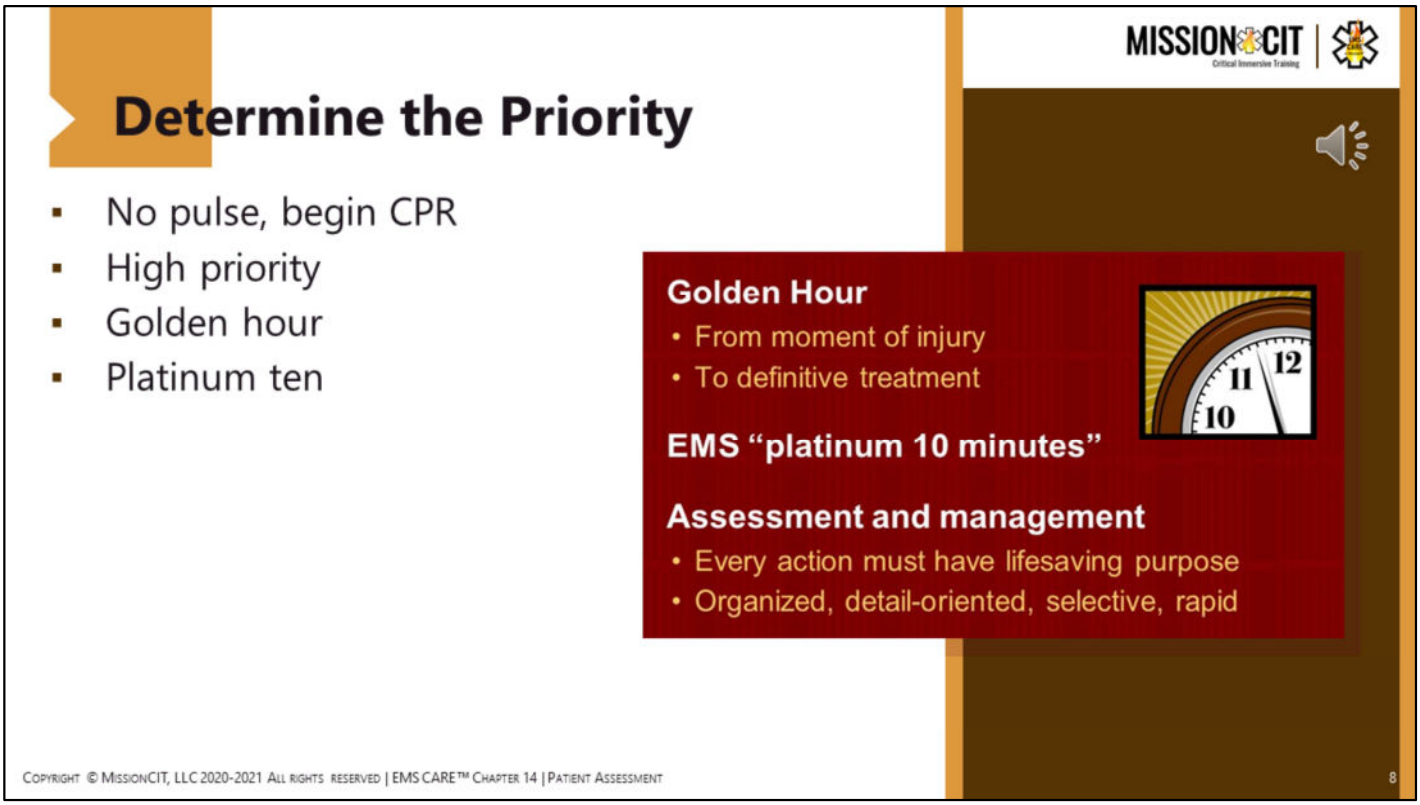
Assessing the circulation involves checking the mental status, pulse, and skin condition.

Let's start with the pulse. You must feel the pulse and if you can't feel it in an unresponsive patient, start CPR right away. The three possible results of performing a pulse check are, within normal limits, unusually slow, or unusually fast.

Next, evaluate the patient's skin color, temperature, moisture, and capillary refill levels. Poor circulation will cause the skin to appear pale, white, ashen, or gray while high blood pressure can cause the skin to become flushed and red. If the skin is blue, it means blood is not properly saturated with oxygen.

As for the temperature, the skin must feel warm to the touch. Too hot, cold, or clammy skin are indicators that all is not well with the patient. Likewise, normal skin must be dry. If it is excessively moist or dry, it indicates problems in blood circulation. Finally, to check the capillary refill, compress the fingernail. The normal should be restored within two seconds as this is the ability of the circulatory system to restore blood to the capillary system.

If you notice any external bleeding, apply direct pressure. Go for tourniquet application if the direct pressure is not quickly successful or if there's an obvious arterial hemorrhage of an extremity.



Based on your assessment, address any life-threatening condition immediately and stabilize the patient as much as you can. A stable patient is someone who has normal vital signs. If you're unable to stabilize a patient within a few minutes, arrange for emergency transport, and continue care or assessment en route.

When a patient has no pulse, begin CPR immediately while the defibrillator is being readied.

Remember, that a patient's priority can change, or the cause of the problem may not be obvious, so be open to changes and different possibilities.

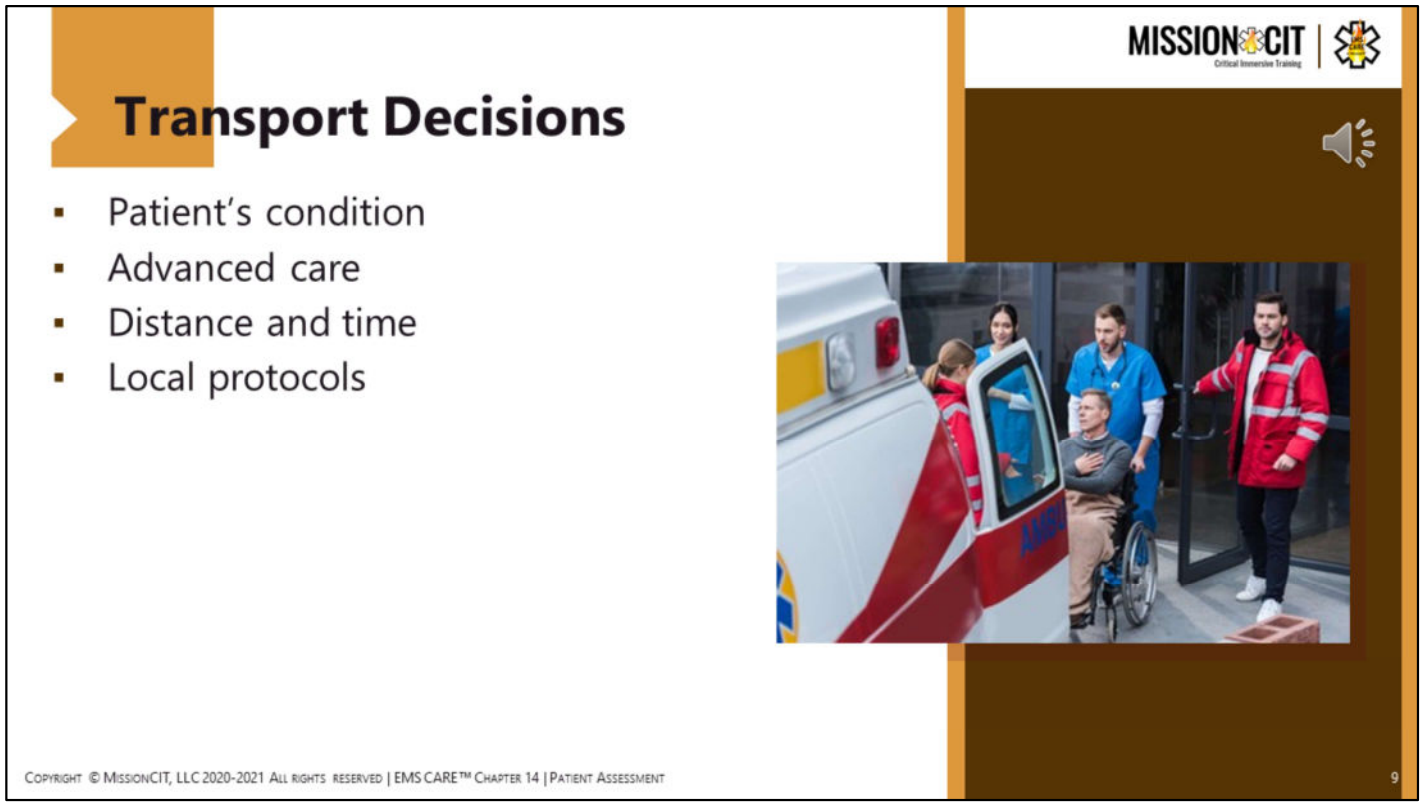
High priority patients include those with any of the following conditions.

- Unresponsive
- Poor general impression
- Difficulty or uncontrolled breathing
- Responsive, but unable to follow commands
- Severe chest pain
- Pale skin or any other visible signs of poor perfusion
- Complicated childbirth

- Severe pain in any part of the body

Platinum ten is the aim to assess, stabilize, package, and begin transportation within 10 minutes while the golden hour is the time from injury to definitive care for the treatment of shock and traumatic injuries.

Keep these times in mind while caring for patients.



At the end of your primary assessment, decide if the patient needs to be transported. Some of the aspects to consider while making this decision are:

- The patient's condition
- Availability of advanced care at the receiving hospital
- Distance and time of transport
- Local protocols

Next, Justin will take you through secondary and focused assessment.