

① **SCENE SIZE-UP**

➤ **(BSI/Scene Safety)**

Environment

Number of Patients

Additional Resources

Mechanism of Injury/Nature of Illness

Evacuation/Extrication

S for C-Spine

ENAMES

② **INITIAL ASSESSMENT**

➤ **General Impression** (Sex, Age, Position, level of distress)

Alert

Verbal

Pain Responsiveness

Unresponsive

AVPU

*Patient is responsive to _____.

A & O x 1,2,3,4 (Person; Place; Time; Event [Less than 4 ALOC is AMS])

➤ **Chief Complaint** – Find it out and quote the patient’s Chief Complaint.

➤ **ABC’s** ●Open, patent, Adjunct ●Rate/Rhythm/Tidal Vol., Lung Sounds, O² Tx, ●Pulse- Rate/Rhythm/Quality, Skin- Color/Temp/Moist, Major Bleeding

➤ **Initial Transport Decision**, having identified priority patients

③ **FOCUSED ASSESSMENT**

➤ **SAMPLE History**

Signs/Symptoms

| | | |
|--|---|--|
| <p>Shortness Of Breath</p> <p>Progression: Just happen? Been getting worse?</p> <p>Associated Chest Pain: Chest hurt too?</p> <p>Sputum: Coughing up stuff?</p> <p>Talking Tiredness: Count to 10 (words per breath)</p> <p>Exercise Tolerance: Could u do that normally?</p> | <p>Pain</p> <p>Onset: When did the pain begin?</p> <p>Provocation: What caused it?</p> <p>Quality: Describe the pain to me.</p> <p>Radiate: Hurting elsewhere?</p> <p>Severity: Scale from 1-10</p> <p>Time: How long has it been hurting?</p> | <p>Altered Mental Status (AMS) subjective/objective</p> <p>Alcohol: Have you been drinking?/bottles, smells</p> <p>Epilepsy: History of seizures?/mouth trauma,</p> <p>Insulin: Do you have diabetes? /vials in fridge, skin.</p> <p>Overdose/Under-dose: Are you taking meds? /meds.</p> <p>Trauma/Thermal: Are you hurt?/Head to Toe, signs</p> <p>Injection/Infection: Sick, stung, bitten?/skin signs</p> <p>Psych/Poison: Are you on psych meds? /Bottles, qty.</p> <p>Stroke/Shock:: Headaches?/ C.S.S., Skin, Vitals</p> |
|--|---|--|

SAMPLE

Allergies - Medications, Food, Insects, Chemicals, Plants

Medications - Taking Any? - When? - How much?

Past Pertinent Medical History

Last Oral Intake/Meal – What and when?

Events – What happened to get you this way?

➤ **Focused Physical Exam** regarding cc or injuries

Altered Level Of Consciousness/Altered Mental Status – Full Head to Toe to rule out trauma

➤ **Vital Signs**

➤ **Interventions** – O² tx; 15L/min Non-Rebreather; 1-6L/min Nasal Canula (obtain med direction if nec.)

Time – Right time to take meds?

Expiration Date – Meds Expired?

Medications – Right Meds for the situation?

Patient – Are these meds for this patient?

Dosage – Nitro - 1 every 5 min (3 max), Check Vitals btwn doses / Albuterol 1-2 Puffs every 15 mins/ Glucose 1-2 tubes *ask when last dosed.

Route – Oral (mouth), Sublingual (under tongue), Transcutaneous (through skin), Intraosseous (through bone), intravenous (through vein), intramuscular (through muscle), per rectum (corn hole), inhalation (spray ⇨ Lungs), subcutaneous (just beneath skin)

➤ **Transport** – (re-evaluate transport decision)

④ **DETAILED PHYSICAL EXAM (Head to Toe)**

⑤ **ONGOING ASSESSMENT** (verbalized)

Repeat initial assessment, vital signs, focused assessment, & recheck interventions

- ✓ Vital Signs – Stable? Every 15 minutes. Unstable? Every 5 minutes
- ✓ Complete Head to Toe
- ✓ Check Interventions: How’s the O², Albuterol, Nitro, Glucose, Epinephrine working?...
- ✓ Initial Assessment
- ✓ Focused Assessment

TEMPDR