Medical Assessment

REFRESHER

RECOGNIZE IT

- Start every patient the same way: scene safety and BSI
- Evaluate MOI, number of patients, and need for resources
- Responsive patients get a focused assessment; unresponsive get a rapid assessment
- Unresponsive patients should be ALS if available

ASSESS

- ABCs and LOC, then focused history and exam
- Focused or rapid head-to-toe, treating life threats as you find them
- Baseline vitals and a SAMPLE history on every pathway
- Adult ALS: systolic <100, HR <60 or >120, RR <12 or >30, signs of shock
- Adult ALS: AMS, respiratory distress, chest discomfort, pain needing analgesics
- Weakness, dizziness, nausea, vomiting may be metabolic, cardiac, or vascular
- Peds SBP: 10 yr <90; 1-9 yr <70 + (2 x age); 1 mo-1 yr <70; <1 mo <60
- Peds HR: any age >200; newborn-3 mo <85 or >200; 3 mo-2 yr <100 or >190; 2-10 yr <60 or >140
- Peds RR: any age >60; infants to 1 yr >40; 1-4 yr >30; school age >25; adolescent >20

ACT — FIRST MOVES

1. Secure airway and c-spine, assess breathing and circulation
2. Decide quickly how 'sick' the patient is
3. Make the transport decision, then complete the detailed assessment
4. Treat per the appropriate protocol(s)

PEARLS

- Focused assessment stays on the identified chief complaint
- Keep other causes in mind while you assess

Take Home Message:

Same sequence every time — safety, ABCs, focused or rapid assessment, vitals and SAMPLE, then transport and treat per protocol.