

PATIENT ASSESSMENT - Responsive Trauma -5th Edition

Scene Size-Up

- Initial Radio Call: “<Patroller name> *on scene at <location> with a young female.*”
“I WILL ADVISE!”
- Scene Safety
- Introduce yourself. Ask **PERMISSION** to treat patient
- Standard Precautions - BSI
- Try to determine MOI
- Ascertain the **CHIEF-COMPLAINT**. Ask patient; “What Happened??”
- Assess Initial Responsiveness
- Identify Number of Patients & the LOR of each
- Form your **General Impression**
 - Evaluate Extrication Issues
 - Consider transport Issues
 - Consider C-Spine stabilization/immobilization

PRIMARY Assessment – To quickly identify & correct any potential life-threatening problems.

(A) AIRWAY –

- Actually look at position of airway.

(B) BREATHING –

- Look for signs of good air exchange.
- ASK PATIENT: “*Are you having any trouble breathing?*”
- Does the Patient speak in complete sentences??

(C) CIRCULATION –

- Initial quick PULSE assessment – Get initial impression of the Radial Pulse to get rate, rhythm & quality. Consider for 15 seconds x 4 to get quick rate.
- Assess skin color (looking especially for cyanosis) & temperature
- Do a quick visual sweep for blood. ASK PATIENT: “*Do you feel anything wet or sticky?*”

(D) DISABILITY –

- **Assess LOR (Level of Responsiveness using the AVPU Scale.**
- **Further Check the patient responsiveness by assessing; AAOx4, “A”wake, “A”lert, “O”riented to person, place, time, and situation**
- Do a spinal palpation/check from the base of the skull to the tail-bone (Coccyx).
- Ask if patient has any NUMBNESS or TINGLING, anywhere on the body.
- **Identify PRIORITY/CLASS of Patient. If CLASS 1 or CLASS 2, INITIATE TRANSPORT DECISION AT THIS TIME. Also, Consider equipment and additional assistance)**

SECONDARY Assessment

Head to Toe Detailed Body Assessment (RAPID BODY SURVEY)

- **PALPATE ALL of the following:**
 - **Skull**
 - **Face** - Inspect & palpate
 - **Eyes** – Examine and look for pupil response. Check for contact lenses.

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- **Ears** – Check for fluid, check for discoloration behind the ears.
- **Mouth** – Assess for obstructions & unusual odors
- **Mandible**- palpate
- **Neck** – palpate and look for tracheal deviation or JVD (Jugular Vein Distention)
- **Clavicle & Sternoclavicular Joint** – palpate and assess evenness, check joint carefully.
- **Chest** – Palpate sternum and palpate both sides of rib cage, upper and lower.
- **Abdominal Area** – Palpate all four (4) quadrants pressing gently down with both hands.
- **Hips** – Gently compress both sides of the Iliac Crest.
- **Pelvis** – Gently compress the Greater Trochanters and apply gentle thumb pressure to pelvis.
- **Shoulders & Lower Extremities** – Do each leg separately and **perform CMS** on each leg as it is completed. For Circulation, ask is there any numbness or tingling since ski boots will prohibit a pulse check.

MEMORY NOTE: Remember... down the legs & up the back.

- **Back** – Examine and palpate as much of the back as the position allows on either side of the spine.
- **Upper Extremities** – Do each arm separately by **Palpating** and **Perform PMS (Pulse, Motor, Sensory)**. Ask: Do you have any NUMBNESS or TINGLING.
- **PALPATE and EXPOSE (if practical) the injury site as you find it during the Detailed Assessment.**
 - *Perform quick CMS distal to injured area unless completed during head-to-toe assessment.*
 - *Formulate Treatment Plan but continue with assessment.*
- **Remember to look for medical alert tags on the neck, wrist or ankle.**

After second arm is completed go directly into:

- **VITALS (Baseline)– Pulse and Respirations** – Remember to a second set of vitals before transport.
 - **Take these vitals for 30 seconds x 2**
- **SAMPLE** – (S) Signs & Symptoms, (A) Allergies, (M) Meds, (P) Past PERTINENT Medical History, (L) Last Meal, (E) Events leading up to injury.
- **Consider OPQRST** (Onset, Provocation/Palliation, Quality, Radiation, Severity, Time) for pain assessment if significant pain.
- **Radio Call**
 - IF NOT ALREADY DONE-** Relate transport decision, man-power needs, equipment needs, and describe the injury with classification and vitals. If this is a serious patient, update Base at this time.
- *“Patroller to Base – I have a 14 year old female with a class 3 wrist injury. Vitals are pulse 82 and regular, respirations 16, and regular. I will require a toboggan and one extra patroller at this time.”*
 - **AFTER TREATMENT and When ready to transport:**
 - “Patroller to Base – I am transporting to Base. ETA is three minutes. I will need a gurney awaiting at the bottom.”*

REASSESSMENT

- **REASSESS VITAL SIGNS & PRIMARY ASSESSMENT.**
- Every 3-5 minutes for unstable patient.
- Every 10-15 minutes for a stable patient.