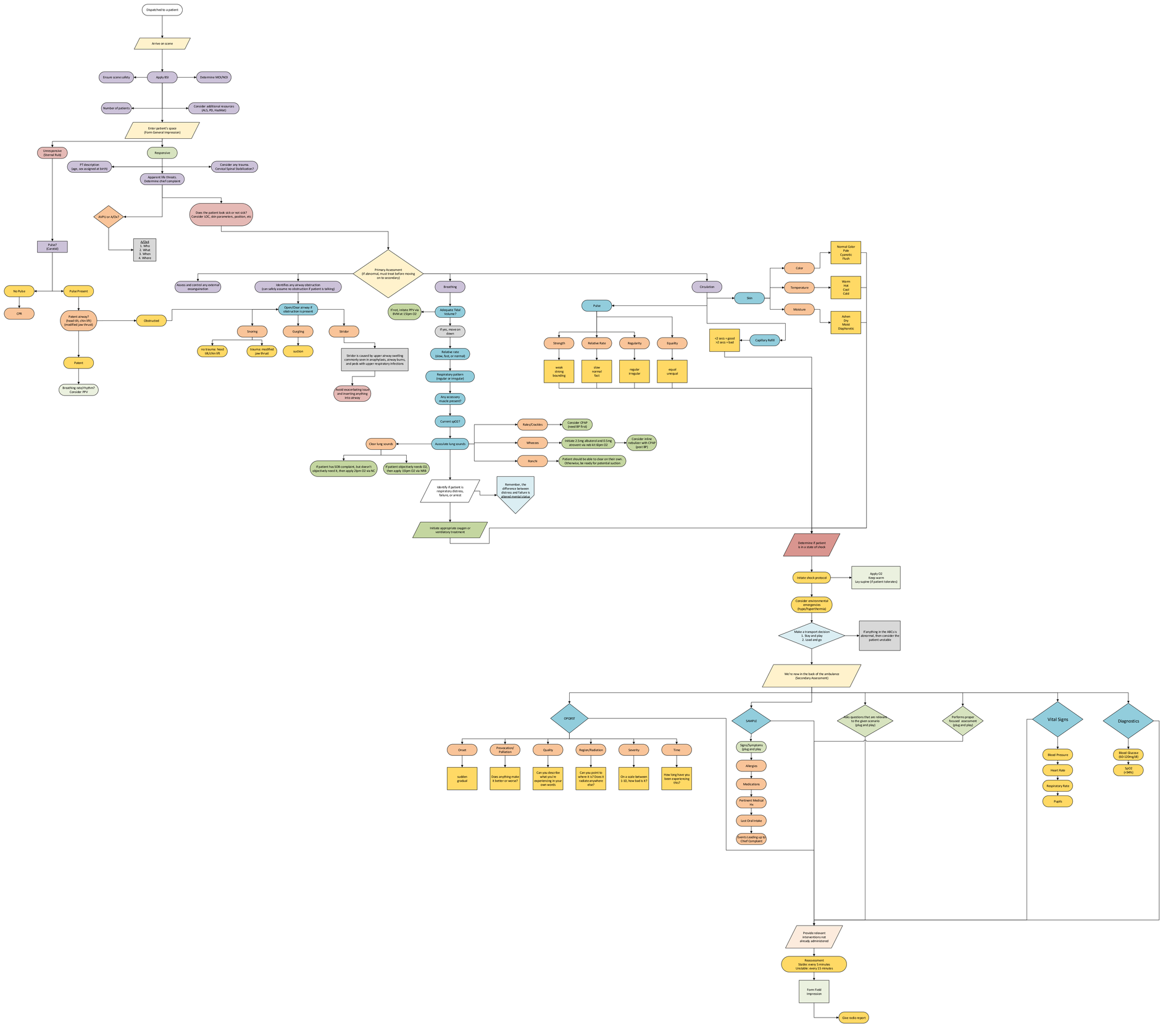
Dispatched to a patient
Arrive on scene
Ensure scene safety
Apply BSI
Determine MOI/NOI
Number of patients
Consider additional resources (ALS, PD, HazMat)
Enter patient's space (Form General Impression)
Unresponsive (Sternal Rub)
Responsive
PT description (age, sex assigned at birth)
Consider any trauma. Cervical Spinal Stabilization?
Apparent life threats. Determine chief complaint
AVPU or A/O x4
A/Ox4
1. Who
2. What
3. When
4. Where
Does the patient look sick or not sick? Consider LOC, skin parameters, position, etc
Pulse? (Carotid)
No Pulse
CPR
Pulse Present
Patent airway? (head tilt, chin lift) (modified jaw thrust)
Obstructed
Patent
Breathing rate/rhythm? Consider PPV
Primary Assessment (If abnormal, must treat before moving on to secondary)
Assess and control any external exsanguination
Identifies any airway obstruction (can safely assume no obstruction if patient is talking)
Open/Clear airway if obstruction is present
Snoring
no trauma: head tilt/chin lift
trauma: modified jaw thrust
Gurgling
suction
Stridor
Stridor is caused by upper airway swelling commonly seen in anaphylaxis, airway burns, and peds with upper respiratory infections
Avoid exacerbating issue and inserting anything into airway
Breathing
If not, initiate PPV via BVM at 15lpm O2
Adequate Tidal Volume?
If yes, move on down
Relative rate (slow, fast, or normal)
Respiratory pattern (regular or irregular)
Any accessory muscle present?
Current spO2?
Auscultate lung sounds
Clear lung sounds
If patient has SOB complaint, but doesn't objectively need it, then apply 2lpm O2 via NC
If patient objectively needs O2, then apply 15lpm O2 via NRB
Rales/Crackles
Consider CPAP (need BP first)
Wheezes
Initiate 2.5mg albuterol and 0.5mg atrovent via neb kit 6lpm O2
Consider inline nebulizer with CPAP (post BP)
Ronchi
Patient should be able to clear on their own. Otherwise, be ready for potential suction
Identify if patient is respiratory distress, failure, or arrest
Remember, the difference between distress and failure is altered mental status
Initiate appropriate oxygen or ventilatory treatment
Circulation
Skin
Color
Normal Color Pale Cyanotic Flush
Temperature
Warm Hot Cool Cold
Moisture
Ashen Dry Moist Diaphoretic
Capillary Refill
<2 secs = good >2 secs = bad
Pulse
Strength
weak strong bounding
Relative Rate
slow normal fast
Regularity
regular irregular
Equality
equal unequal
Determine if patient is in a state of shock
Initiate shock protocol
Apply O2 Keep warm Lay supine (if patient tolerates)
Consider environmental emergencies (hypo/hyperthermia)
Make a transport decision 1. Stay and play 2. Load and go
If anything in the ABCs is abnormal, then consider the patient unstable
We're now in the back of the ambulance (Secondary Assessment)
OPQRST
Onset
sudden gradual
Provocation/ Palliation
Does anything make it better or worse?
Quality
Can you describe what you're experiencing in your own words
Region/Radiation
Can you point to where it is? Does it radiate anywhere else?
Severity
On a scale between 1-10, how bad is it?
Time
How long have you been experiencing this?
SAMPLE
Signs/Symptoms (play and play
Allergies
Medications
Pertinent Medical Hx
Last Oral Intake
Events Leading up to Chief Complaint
Asks questions that are relevant to the given scenario (play and play)
Performs proper focused assessment (play and play)
Vital Signs
Blood Pressure
Heart Rate
Respiratory Rate
Pupils
Diagnostics
Blood Glucose (60-120mg/dl)
SpO2 (>94%)
Provide relevant interventions not already administered
Reassessment Stable: every 5 minutes Unstable: every 15 minutes
Form Field Impression
Give radio report