

NREMT EMT Patient Assessment 2014 - **TRAUMA**



DCAP/BTLS

1 SCENE SIZE-UP

Scene safe?

BSI (gloves, mask etc.)

MOI & NOI mechanism of injury
nature of illness?

Number of patients?

EMS assistance needed?

Hello, my name is _____
I'm an EMT, we're here to help you.

Consider Manual C-spine
Application Here! **X**

2 PRIMARY SURVEY/ RESUSCITATION

Verbalize general
impression of the
patient
(What do you see?)

L.O.C

level of consciousness?

- x O "What's your name?"
- x O "Where are you right now?"
- x O "What day is it?"
- x O "Tell me what happened?"

- Alert - responsive
- Verbal - responds to verbal
- Pain - responds to pain
- Unresponsive - to all stimulation

? What is/ are the
Chief Complaint or
Apparent Life-threats?

A Check Airway

Opens & assess airway Section Needed?
Inserts adjunct as indicated

B Check Breathing

Assess breathing
Assures adequate ventilation
Oxygen therapy (O₂-15LPM)
Manage injuries that compromise
breathing/ventilation EMT-PDS Pressure Cut?

C Check Circulation

Checks pulse - Rate & Quality
Assess skin Color, Temp, Condition
Assess & control major bleeds
Blood sweep Now!

Shock ?

- Initiate shock management
(position patient - conserves body heat)
(*Mylar Space Blanket Wrap Here!*)

Transport ?

- Patient Priority
(critical/ stable)(contact hospital)
Identifies patient priority & makes treatment/
transport decision (based on calculated GCS)

3 History

- Signs & Symptoms - What can you see? What is the Chief Complaint?
- Allergies - What have you come in contact with? Meds, Insects, Pollen, Food, Latex?
- Medications - S.H.O.P - Street, Herbal, OTC, Prescriptions
- Past Medical History - Has this happened before, is this a pre-existing condition?
- Last Oral intake- When did you eat last? What was it? Nausea or Vomiting?
- Events - What were you doing when you started to feel this way?

4 SECONDARY ASSESSMENT

Head

Inspect mouth, nose & facial area
Inspect & palpates scalp & ears
Assess eyes

Neck

Check position of trachea
Check jugular veins
Palpate cervical spine
Apply CERVICAL COLLAR Now! **X**

Chest

Inspect & palpate chest
Auscultate chest

Abdomen/pelvis

Inspect & palpate abdomen
Assess pelvis
Verbalize assessment of
genitalia/perineum as needed

Lower extremities

Inspect, palpate & assess
motor sensory & distal circulatory
functions

Upper extremities

Inspect, palpate & assess
motor, sensory & distal circulatory
functions

Log Roll & Backboard Now!

**Posterior thorax,
lumbar & buttocks**
Inspect & palpate posterior thorax
Inspect & palpate lumbar &
buttocks areas

5 VITAL SIGNS

Baseline Vitals

Blood Pressure
Respiration (Rate & Quality)
Heart rate (Rate & Quality)
Skin (Color, Temp & Condition)
Pupils (PERRL)
SPO₂ (oxygen saturation)

Manage secondary
injuries & wounds

6 Reassessment

Mental status ?

Airway
Breathing
Circulation

Re-check vitals

Re-check interventions
(O₂, bandages, splints etc.)

Repeat every
5 minutes for **Critical Patient**

Repeat every
15 minutes for **Stable Patient**



Transfer Care
and Document
The Call

Pearson Vue Emt Study Guide

CL Gary



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Table of Contents Pearson Vue Emt Study Guide

1. Understanding the eBook Pearson Vue Emt Study Guide
 - The Rise of Digital Reading Pearson Vue Emt Study Guide
 - Advantages of eBooks Over Traditional Books
2. Identifying Pearson Vue Emt Study Guide
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals

3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Pearson Vue Emt Study Guide
 - User-Friendly Interface
4. Exploring eBook Recommendations from Pearson Vue Emt Study Guide
 - Personalized Recommendations
 - Pearson Vue Emt Study Guide User Reviews and Ratings
 - Pearson Vue Emt Study Guide and Bestseller Lists
5. Accessing Pearson Vue Emt Study Guide Free and Paid eBooks
 - Pearson Vue Emt Study Guide Public Domain eBooks
 - Pearson Vue Emt Study Guide eBook Subscription Services
 - Pearson Vue Emt Study Guide Budget-Friendly Options
6. Navigating Pearson Vue Emt Study Guide eBook Formats
 - ePub, PDF, MOBI, and More
 - Pearson Vue Emt Study Guide Compatibility with Devices
 - Pearson Vue Emt Study Guide Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Pearson Vue Emt Study Guide
 - Highlighting and Note-Taking Pearson Vue Emt Study Guide
 - Interactive Elements Pearson Vue Emt Study Guide
8. Staying Engaged with Pearson Vue Emt Study Guide
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Pearson Vue Emt Study Guide
9. Balancing eBooks and Physical Books Pearson Vue Emt Study Guide
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Pearson Vue Emt Study Guide
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions

- Managing Screen Time
- 11. Cultivating a Reading Routine Pearson Vue Emt Study Guide
 - Setting Reading Goals Pearson Vue Emt Study Guide
 - Carving Out Dedicated Reading Time
- 12. Sourcing Reliable Information of Pearson Vue Emt Study Guide
 - Fact-Checking eBook Content of Pearson Vue Emt Study Guide
 - Distinguishing Credible Sources
- 13. Promoting Lifelong Learning
 - Utilizing eBooks for Skill Development
 - Exploring Educational eBooks
- 14. Embracing eBook Trends
 - Integration of Multimedia Elements
 - Interactive and Gamified eBooks

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