Station 1: Patient Assessment/Management Trauma

Scene Size-Up

BSI, safe scene, MOI, consider spine stabilization

Initial Assessment

General impression, AVPU, Chief complaint/Life threats

Airway (LLF), Breathing (IPASO), Circulation (bleeding, pulse, skin) Identify Priority and make Transport decision (load & go | stay & play)

Inspect & palpate neck for DCAP-BTLS, JVD & tracheal deviation. Apply collar. Perform barrel roll. Inspect, & palpate posterior for DCAP-BTLS. Apply board. Move patient into ambulance.

Patient Assessment

Rapid assessment or Focused assessment

Vital Signs: respirations (rate & quality), pulse (rate & quality), BP

SAMPLE history

Abdomen:

History and Physical Exam

inspect & palpate Head:

DCAP-BTLS, crepitation scalp blood, fluid, Battle's sign ears face DCAP-BTLS, crepitation

eyes PERRL, raccoon eyes blood, fluid nose

mouth teeth

Neck: inspect & palpate for JVD & tracheal deviation

expose, inspect, & palpate for DCAP-BTLS, paradoxical motion, Chest:

crepitation

auscultate for breath sounds (normal, equal, wheezing, rales) expose, inspect, & palpate for DCAP-BTLS, firm, soft, distention

Pelvis: expose, inspect, & palpate

> DCAP-BTLS, pain, tender, motion hips

genitalia penis priapism, perineum extreme wetness

expose, inspect, & palpate for DCAP-BTLS, PMSx4

Extremities: expose, inspect, & palpate thorax & lumbar for DCAP-BTLS Posterior:

Manage secondary wounds.

Ongoing Assessment

Repeat initial assessment; Repeat vital signs; Repeat focus assessment.

Station 2: Patient Assessment/Management Medical

Scene Size-Up

BSI, safe scene, NOI, consider spine stabilization

Initial Assessment

General impression, AVPU, Chief complaint/Life threats

Airway (LLF), Breathing (IPASO), Circulation (bleeding, pulse, skin) Identify Priority and make Transport decision (load & go | stay & play)

Patient Assessment

cont illnoce by acking required guestions:

Environmental

Environment?

Source?

Duration?

Emergency

Loss of consciousness?

Assess history of present liness by asking required questions.					
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction		
Onset?	Onset?	Description of the episode	History of Allergies		
Provokes?	Provokes?	Onset?	What were you exposed to?		
Quality?	Quality?	Duration?	How were you exposed?		
Radiates?	Radiates?	Associated symptoms?	Effects?		
Severity?	Severity?	Evidence of trauma?	Progression		
Time?	Time?	Fever?	Interventions?		
Interventions?	Interventions?	Seizures?			
		Interventions?			

Obstetrics

How long?

Are you pregnant?

Has water broken?

Pain or contractions?

Bleeding or discharge?

How much do you weigh?	•
Interventions?	

Poisoning / Overdose

Give activated charcoal

Poisoning / Overdose

Over what time period?

When ingested or exposed?

How much did you ingest?

Substance?

Effects general or local? Do you feel the need to push? Last menstrual period? SAMPLE history

Focused physical exam

Vital Signs: respirations (rate & quality), pulse (rate & quality), BP

Treatments / Interventions

Treatments / mierventiene					
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction		
Give Albuterol if 1 to 65	Give 4 baby aspirin if not allergic	Assist with oral glucose if	Assist with Epinephrine if		
years old, exacerbation	and no GI bleed.	history of diabetes,	in cardiac or respiratory		
of previously diagnosed	Assist with nitro if chest pain,	controlled by meds, can	distress, has own		
asthma, no cardiac	cardiac history, has own nitro,	swallow, shows	prescribed Epi-pen or		
history, max two doses	shows willingness, BP>120, no	willingness	OKed by Medical Control		
	ED drug use, 1 dose per 5 min				
	max 3 doses				

only with permission of Medical Control	

Re-evaluate transport decision.
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Obstetrics

Behavioral

How do you feel? Do you feel suicidal?

Interventions?

Behavioral

Is patient a threat others?

Is there a medical problem

Consider detailed physical exam.

Environmental Emergency

Ongoing Assessment Repeat initial assessment; Repeat vital signs; Repeat focus assessment.