



Section: ALS Protocols
Subject: PATIENT ASSESSMENT
Section #: 345.18
Issue Date: March 21, 2011
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1. Patient assessment will always begin with an assessment of the scene ("Size-up") and the creation of a "General Impression" of the patient as they are approached.
 - a. "Scene Size-up"
 - i. This is what the responder sees, hears, smells, and senses as it pertains to scene safety and operations.
 - ii. At a minimum, complete these steps when performing a size-up:
 1. Identify and secure any physical hazards to personnel, bystanders, or the patient.
 2. Identify a means of egress for safety zone incase the scene should unexpectedly deteriorate.
 3. Determine the ETA(s) of any other responding apparatus.
 4. Determine which level of body substance isolation is indicated.
 5. Determine if there is a need for additional resources and request them from EDC is so indicated.
 - b. "General Impression"
 - i. This is your assessment based up what you see, hear, smell, and senses when first approaching the patient.
 - ii. At a minimum, answer the following questions when forming a general impression:
 1. What is the appearance of the patient (do they look serious?).
 2. Are there any respiratory problems indicated? (e.g. labored breathing, tachypnea, poor skin color)
 3. Is there a mechanism of injury or environmental causes for the medical condition:
 - a. Is there a traumatic mechanism of injury and what types of injuries does it suggest.
 - i. Is there a need for spinal motion restriction (SMR)?
 - b. Is there the possibility of a chemical or toxic exposure?
 - iii. Many times a priority/ALS patient can be determined based upon the general impression.
2. Once the patient has been reached, the assessment shall continue by conducting a "Primary Assessment".
 - a. "Primary Assessment"
 - i. The primary assessment of the patient is designed to identify any immediate threat to life and to quickly determine if the patient needs any critical interventions.
 - ii. The priorities within the primary assessment shall be:
 1. Circulation
 2. Airway
 3. Breathing
 4. Disability
 5. Expose
 - iii. "Circulation"
 1. Assessment of circulation during the initial assessment is simply finding where the pulses are located and the characteristics of that pulse.
 - iv. "Airway and Breathing"
 1. Quickly assess the patient for stability of the airway and the quality of the respiratory effort.

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2. If the airway is not stable:
 - a. Open the airway manually with the appropriate method (head tilt/chin lift or modified jaw thrust).
 - b. If the patient is not breathing or if the tidal volume is inadequate:
 - i. Begin assisted ventilatory support with a bag-valve mask device (BVM).
 - ii. Use an appropriate airway adjunct, endotracheal intubation, or rescue airway as indicated.
3. Refer to the **HCFR AIRWAY** protocol for specific directions.
- v. *"Disability (Mental Status)"*
 1. Quickly assess the patient's level of consciousness (LOC) using the **AVPU** method.
 - a. **Alert** – Obviously awake and aware; reacting normally to environmental conditions.
 - b. **Verbal** – Responds only to verbal stimuli.
 - c. **Pain** – Responds only to painful stimuli.
 - d. **Unresponsive** – Does not respond to any stimuli.
 2. The Glasgow Coma Score can be used later for a more detailed assessment of the LOC, but for the initial assessment the AVPU is all that is needed.
- vi. *"Expose"*
 1. Expose the body, as appropriate, to identify any immediate life threats.
 2. In trauma this would entail searching for hidden areas of bleeding and other critical traumatic injuries.
 3. With a medical patient this may be locating a medic alert bracelet or other item identifying what medical conditions the patient may suffer from.
- vii. At this point, if it has not already been determined, the practitioner should make a decision identifying if the patient is a "Priority/ALS" patient.
 1. A priority/ALS patient is one who will need rapid transport to the hospital and/or one who needs, or will benefit from, Paramedic level care while en route.
 2. Remember that logistical concerns may play a role in the ALS/BLS transport decision.
 - a. If a patient falls into the category of an ALS patient and an ALS providing unit (Rescue/Engine) is not available within a reasonable time frame (i.e. the closest ALS provider is significantly further away than the closest appropriate receiving facility) than transport by a BLS unit that is **ALREADY** on scene may be appropriate.
 - b. Also, transport via an on scene BLS unit with an HCFR Paramedic from Engine Company attending may be appropriate if ALS transport will be significantly delayed.
 - c. A thorough knowledge of hospital locations and capabilities as well as the ETA of the responding ALS provider is essential to being able to make a competent transport decision.

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3. Once the primary assessment has been completed and initial critical interventions have been accomplished, the responder will complete a "Secondary Assessment" and repeat it throughout the duration of care as dictated by patient condition.
 - a. **"Secondary Assessment"**
 - i. The secondary assessment shall include vital signs, a complete head-to-toe evaluation (appropriate to the type of patient encountered), and a focused patient history.
 - ii. **Vital signs** shall include all of the following:
 1. Skin temperature and condition (warm, cool, hot, dry, moist, etc.)
 2. Pulse rate, regularity, and strength
 3. Respiratory rate, tidal volume, and lung sounds
 4. Blood pressure
 5. EKG, ETCO₂, SpO₂, and CO monitoring as appropriate
 6. Glasgow Coma Score (GCS)
 7. Pupil response
 8. Blood sugar level when indicated by the patient's condition
 - iii. The **head-to-toe exam** shall:
 1. Be a complete and thorough exam of the patient to look for any injury or sign that may have gone previously unnoticed.
 - iv. **Focused patient history**: (SAMPLE)
 1. Signs and symptoms
 2. Allergies
 3. Medications
 4. Pertinent past medical history
 5. Last oral intake
 6. Events leading up to the injury or illness
4. After completion of the focused assessment, all patient's will receive an ongoing assessment until such time the patient is transferred to an appropriate level of care for transport to or at an appropriate receiving facility.
 - a. The ongoing assessment should be a repeat of the primary and secondary assessments, a check of any intervention or ongoing treatment, and an observation of any developing trends in the patient condition.
5. All information gathered and interventions performed throughout patient care shall be thoroughly documented in the patient's treatment record.