



# Cypress Creek EMS Assessment Model



Personal Protective Equipment

Scene *safety/situation*

Consider **Additional Resources** *early*

Patient *cardinal presentation/chief complaint/MOI/nature of illness*

*Identify and treat life threats immediately; "See Something, Say Something"*

## Circulation and Initial Impression

Level of Consciousness: **AVPU**: AV / PU

**AV**: Can manage secretions and airway

**P**: Cannot manage airway; place **NPA**

**U**: Cannot manage airway; place **OPA**

**Gross Bleeding** or **Open Chest** or **Bleeding Visible** or **Normal**

## Airway and Spinal Considerations

Look in: **Patent, moist, pink** is **Normal**

## Breathing

Look at **Rate** and **Tidal Volume** and assess for **Adequate Minute Volume**

Listen for **Breath Sounds** and **Normal**

Feel chest for **Normal**

## Circulation

*Distally*

Pulse: **Quality +0 – +4, Rate, Rhythm**

Skin: **Temperature/Condition/Color**

Perfusion: **Capillary Refill**

*Centrally — Pulses, as needed*

*Internal Bleeding*

**CARTS: Chest, Abdomen, Retroperitoneal/pelvis, Thighs/femurs, Skin**

## Disability

**Glasgow Coma Scale**

Motor: **Gross** and **Fine**, focal/**non-focal** x 4 extremities

**Stroke Assessment** *as needed*

**Pupils**—**ERRL** as per **normal**

**Decide Transport; Sick/Not yet Sick/Not sick** *as needed*

Consider **additional resources** *as needed*

**Differential Diagnosis**: Probable vs. Possible

## Expose

**Physically** *as needed, in area of complaint, based on consciousness.*

**Verbally** with **SAMPLE-AR** and **OPQRST** *as needed*

With **trending** and **vital signs** (**BP, HR, RR, Breath Sounds, SpO2, ETCO2, BGL, ECG, 12-lead, temperature, SpCO, Hgb**).

**Toxic Vital Signs** (lowest BP, highest HR, room air SpO2) **explainable** or **dangerous**

## Focused Exam

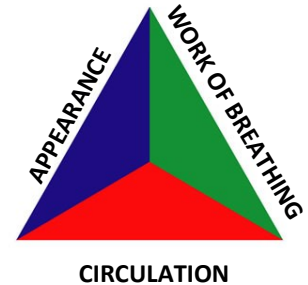
Detailed **physical** exam, *as needed, in area of complaint or injury*

Detailed **neurological** exam, *as needed, including NEXUS and Cranial Nerves and Stroke*

**Ultrasound** exam, *as needed, focused on answering clinical questions*

**Reassessment** *as needed every 5 or 10 or 15 or on changes.*

**Document** thoroughly, accurately, timely, structured, using **DRAATT**.



### Pulse Quality

**+4**: Unable to obliterate

**+3**: Obliterates with substantial pressure.

**+2**: Obliterates with moderate pressure.

**+1**: Obliterates easily

**+0**: Absent

### Toxic Vital Signs:

<3 m	>180	>50	<60
3m–3y	>160	>40	<70
3–8y	>140	>30	<80
>8y	>100	>20	<90
HR	RR	BP	SpO2 <92%

**ETCO2** < 28 or > 50 mmHg

PRIMARY

SECONDARY



# Cypress Creek EMS Assessment Reference



## Patient History

### SAMPLE-AR:

- S:** Signs and symptoms (**vital signs** and **OPQRST** and **associated symptoms/pertinent negatives**)
- A:** Allergies
- M:** Medications
- P:** Medical & Surgical History
- L:** Last everything (LMP, last time, last normal, last BM, last urine, last food/drink)
- E:** Events leading up to incident
- A:** Activity/sleep/infection changes (possibly includes **mobility, energy, nutrition, hydration, urination, defecation**)
- R:** Risk factors

### OPQRST

- O:** Onset of symptoms (**time** and **activity**)
- P:** Provoking/palliating factors (**position** and **activity** and **medication**)
- Q:** Quality of symptom (**describe** using power words)
- R:** Radiation of symptom
- S:** Severity 1 – 10 of symptom
- T:** Timing of symptom (**constant/crescendo/decrecendo/intermittent**)

## Neurological Exam

### NEXUS Criteria

*No findings of:*

**Altered** level of consciousness

**Barriers** to communication (language, non-verbal patients, pediatric, etc.)

**Posterior midline spinal tenderness**

**Distracting** injuries

**ETOH** (alcohol) or drug **intoxication**

**Focal** neurological deficits (grip, bicep, tricep, fingers spread/squeeze, knees up/together/out, thighs out)

**Caution** with patients **older than 65.**

Consider **unusual MOI**

### Cranial Nerves Exam

*Exam should be done with palpation, against resistance:*

**Smell** normally (I)

normal **visual acuity** (Snellen eye chart) (II)

Normal **visual fields** (II)

**pupils** are ERRL (III)

**Eye movements** are normal through "H"/cardinal gaze (IV, VI)

**Clench teeth** is normal (V)

Touch sensation in **cheek, jawline, forehead** (V)

**Raise eyebrows, frown, puff cheeks, smile** is normal (VII)

**Gag** reflex normal (IX)

**Voice** is normal (X)

**Shrug** shoulders and **Turn** head is normal (XI)

**Tongue** control is normal/non-focal (XII)

<b>I:</b>	<b>Olfactory <u>S</u></b>	smell in
<b>II:</b>	<b>Optic <u>S</u></b>	Visual signals in
<b>III:</b>	<b>Oculomotor <u>M</u></b>	Eye movements: Pupil
<b>IV:</b>	<b>Trochlear <u>M</u></b>	Eye movements: Midline
<b>V:</b>	<b>Trigeminal <u>SM</u></b>	Face sense + bite/chew
<b>VI:</b>	<b>Abducens <u>M</u></b>	Eye movements: Lateral
<b>VII:</b>	<b>Facial <u>SM</u></b>	Smile, sense in cheek
<b>VIII:</b>	<b>Acoustic <u>S</u></b>	Listen
<b>IX:</b>	<b>Glossopharyngeal <u>SM</u></b>	Taste/Swallow
<b>X:</b>	<b>Vagus <u>SM</u></b>	PNS, Voice
<b>XI:</b>	<b>Accessory <u>M</u></b>	Sternocleidomastoid;
<b>XII:</b>	<b>Hypoglossal <u>M</u></b>	Swallow, tongue motion

## Stroke Exam

### Enhanced Cincinnati stroke scale

**Facial droop/smile:** **normal** is equal facial muscle strength.

**Arm lift/drift:** **normal** is equal muscle strength and able to hold up for 3-4 seconds.

**Grip Strength:** **normal** is equal grip strength.

**Verbal/language:** "You can't teach an old dog new tricks." **normal** is no slurring, appropriate words, no difficulty.

**Leg lift/drift:** **normal** is equal strength and able to hold up for 3-4 seconds.

**Limb ataxia:** Finger-nose-finger; heel-shin. **Normal** is able to complete task without difficulty in moving limbs to target.