Introduction to Assessment

- You cannot treat what you cannot find
  - Assessment: Standard approach to figuring out the source of a person's symptoms

- Approach person and form immediate first impression
  - This general impression will inform what you do next
    - MOI (mechanism of injury)

      or/and
    - NOI (nature of illness)

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Primary Survey

- Is there any “life threatening” bleeding? If so, control that first. Call 911 if there is any “life threatening” bleeding.
- Is the person responsive? Call 911 for any unresponsive person.
- Unresponsive Person – Check Breathing, if no breathing, begin CPR (on a firm flat surface)
- Responsive Person – Call 911 for any major illness or injury-
- Begin the “Secondary Survey”…….

  acquire a “SAMPLE” history / check for DOTS (covered later).

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How to know if the person needs CPR

- Tap the person's shoulder and shout "Are you okay?"
- If they do not respond, shout for help from other bystanders.
- Call 911 and put your phone on speaker
- Check for breathing – **<u>if no breathing, or abnormal breathing, then….</u>**
- Begin CPR. If someone arrives to help, have them get an AED
- If no one arrives – for an adult victim, you can leave momentarily to get an AED and the first aid kit. Then begin CPR
- If no one arrives – for a child not breathing, give 5 rounds of CPR before momentarily leaving to get the AED

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Checking a Person Appearing to Be Unresponsive

- **If the person is unresponsive but breathing normally…….**
- If they do not appear to be injured, place them in the Recovery Position (covered later) and monitor their breathing until EMS arrives.

- **If the person is unresponsive but Not breathing normally…….**
- Begin CPR (agonal breaths are not normal breaths), this person needs CPR

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With any Unresponsive Person that is breathing normally

- Look for a medical identification tag after placing them in the recovery position.
- Digital medical IDs can usually be accessed without unlocking their phone.



Figure 3-1

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Recovery Position

- Used for people who are unresponsive, but breathing, with no major injuries. Do not place someone that has major injuries or appears to be spinal injured in the recovery position.

- The recovery position keeps the airway open and uses gravity to allow fluids to drain from the mouth instead down the throat.

- Pregnant women should be placed on their left side.

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Recovery Position - Continued

- Move person to ground on their back. Kneel at their side.
- Extend arm closest to you outward.
- Move arm furthest from you across chest, with hand under cheek.
- Bend knee furthest from you and place foot flat on ground.
- Pull knee toward you to gently roll person onto side.



Figure 3-2A

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Recovery Position - Continued

- Pull knee toward you to gently roll person onto side.
- Adjust knee and hip to form right angles to prop up body.
- Rest top arm on bicep of bottom arm.



Figure 3-2B

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Recovery Position - Continued

- Extend chin and point mouth downward.
- Ensure cheek remains resting on hand.
- DO NOT use recovery position in person with known/suspected spinal injury.

Skill – Recovery Position



Figure 3-2C

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Checking a Responsive Person

- Ask, “Are you okay?”
- If they respond, introduce yourself, ask their name, and tell them that you are trained in first aid
- Obtain consent to give care

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Checking a Responsive Person - Continued

- Check for massive bleeding and control any bleeding found
- Ask the person where they are now and for the current day or date (this will help you determine their mental status)
- Quickly check for any breathing difficulty
- If any life-threatening conditions are found or suspected, treat them

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Interviewing an Injured or Ill Person

- Gather information using the mnemonic SAMPLE

TABLE 3-1 SAMPLE History

Component	Questions to Ask
S = Symptoms	What is wrong? Where do you hurt?
A = Allergies	Are you allergic to anything?
M = Medications	Are you taking any medications, including over-the-counter medications and herbal supplements? What are they for? When did you last take them?
P = Pertinent past medical history	Have you had this problem before? Do you have any other medical conditions?
L = Last food or drink	When did you last eat or drink anything? What was it? How much?
E = Events leading up to the injury or illness	Injury: How did you get hurt? Illness: What happened before you started to feel ill?

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Conducting a Physical Exam: DOTS (1 of 3)

- A full head-to-toe exam is usually not required to provide first aid
- DOTS:
  - D = Deformity
  - O = Open wounds
  - T = Tenderness
  - S = Swelling

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Conducting a Physical Exam: DOTS (2 of 3)









Figure 3-3

Left: © American Academy of Orthopædic Surgeons; Center: © Talay and Pupha/Shutterstock; Right: © Maridav/Shutterstock

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Conducting a Physical Exam: DOTS (3 of 3)

- Start at the head and work down, checking each body area and ending with arms and hands
  - Start at feet with infants/children
  - Address any significant problems as found

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Conducting a Physical Exam: Skin Assessment

- Color
  - Pale, gray or blue skin are signs of poor circulation.
  - Persons with darker skin tones: Check nail beds, inside of mouth, inner eyelids.
- Temperature – Use the back of your hand on their forehead, compare to your temperature.
- Condition – Warm, dry skin is normal. Skin that is cold, moist or excessively dry and/or hot suggests a medical condition.

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Conducting a Physical Exam: Expose the Injury

- May need to remove clothing to check for injury and provide first aid
- Always get consent first
- Remove only what is necessary, maintain privacy, and prevent exposure to cold



Figure 3-4

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Communicating with an Ill or Injured Person (1 of 3)

- Provide comfort and reassurance
  - First words set the tone of your interaction
  - Introduce yourself and tell the person you are trained in first aid
  - Ask the person's name and use it while providing first aid
  - Always explain what you are going to do before you do it
  - Allow person to participate in their own care

- Involve parents/caregivers when providing care for children or infants

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Communicating with an Ill or Injured Person (2 of 3)

- Provide comfort and reassurance (cont'd).
  - Avoid negative statements
  - Reassure person that tears and/or laughter can be normal
  - Do not ask unnecessary questions unless person wishes to talk
  - Be realistic, but stress the positive
  - Do not make promises you cannot keep
  - Nonverbal communication can be even more important than verbal
  - Treat others as you would want them to treat you
  - Address unresponsive persons as though they are awake

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