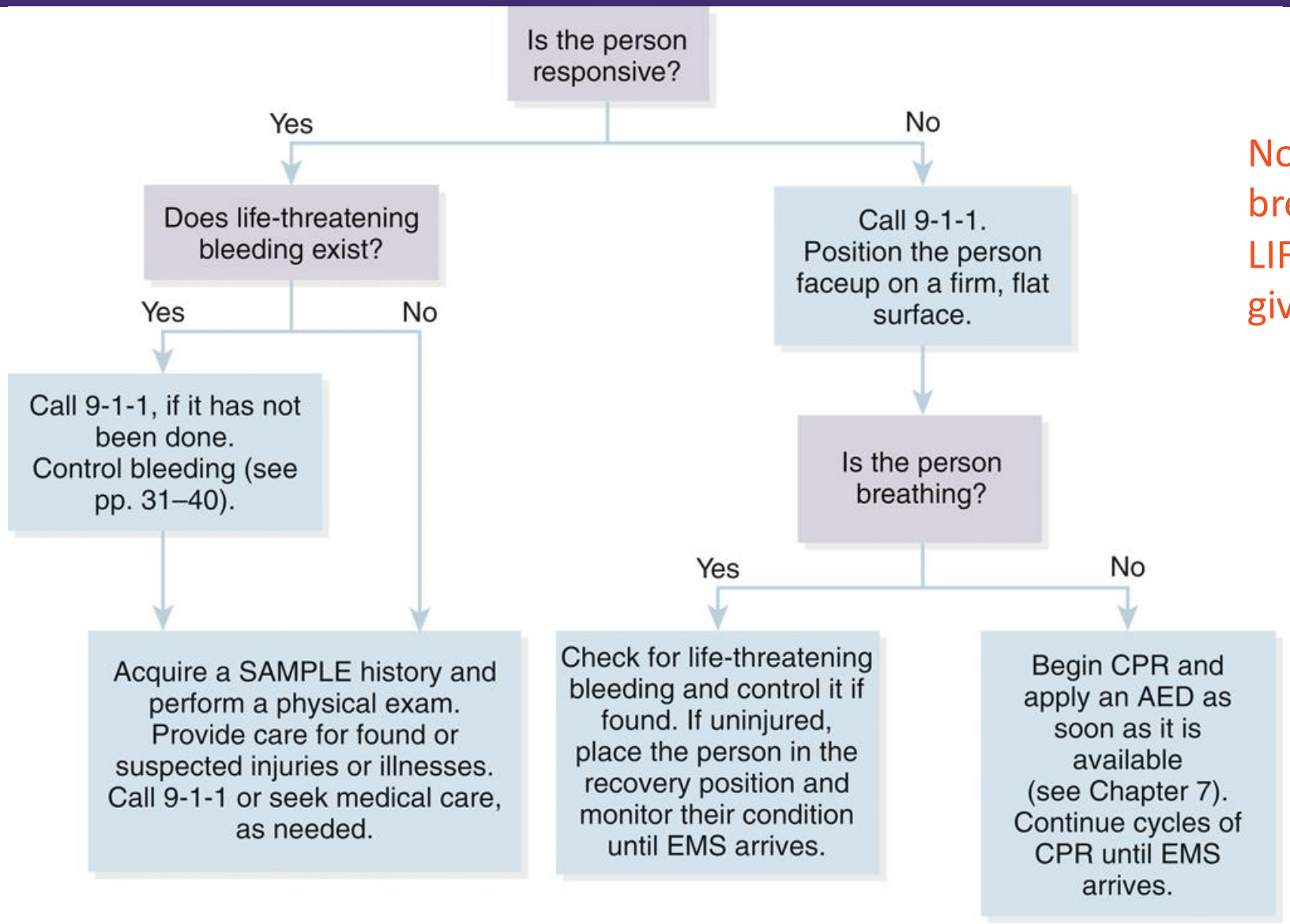
Introduction to Assessment

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

Form a General Impression (1 of 2)

- Approach person and form immediate first impression
  - This general impression will inform what you do next
    - MOI
    - NOI

Form a General Impression (2 of 2)



Note: Even if the person is not breathing, you must control any LIFE-THREATENING BLEEDING before giving CPR!

Checking a Person Appearing to Be Unresponsive
(1 of 7)

- Tap the person's shoulder and shout "Are you okay?"
- If they do not respond, shout for help.

If…	Then…
Someone arrives to help.	1. Have them call 9-1-1 and ask them to get a first aid kit and an automated external defibrillator (AED).
No one arrives to help and you have a mobile phone.	1. Put the mobile phone on speaker and call 9-1-1. Follow the dispatcher's instructions. 2. Go get the first aid kit and AED yourself.
No one arrives to help and you do not have a mobile phone.	1. Leave the person to find a phone and call 9-1-1. 2. Get the first aid kit and AED yourself.

Checking a Person Appearing to Be Unresponsive
(2 of 7)

- Check for breathing.

If…	Then…
Person is breathing normally.	1. If the person does not appear to be injured, place them on their side in the recovery position (discussed below). 2. Stay with the person until EMS arrives.
Person is not breathing normally or is only gasping	1. Begin cardiopulmonary resuscitation (CPR) and use an AED, if available. See Chapter 7 for proper technique.

Checking a Person Appearing to Be Unresponsive
(3 of 7)

- Look for flowing or spurting blood; if found, control immediately
- Look for a medical identification tag
  - This tag may be on the person or on their mobile phone
  - Digital medical IDs can usually be accessed without unlocking the phone

Figure 3-1

Used with permission from MedicAlert Foundation

Checking a Person Appearing to Be Unresponsive
(4 of 7)

- Recovery position
  - Used for people who are unresponsive, breathing, with no major injuries
  - Keeps the airway open and uses gravity to allow fluids to drain from the mouth instead down the throat

Checking a Person Appearing to Be Unresponsive
(5 of 7)

- Recovery position (cont'd)
  - 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

Checking a Person Appearing to Be Unresponsive
(6 of 7)

- Recovery position (cont'd)
  - 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

Checking a Person Appearing to Be Unresponsive
(7 of 7)

- Recovery position (cont'd)
  - 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

Checking a Responsive Person (1 of 3)

- 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

Checking a Responsive Person (2 of 3)

- Check for massive bleeding and control any found
- Ask the person where they are now and for the current day or date
- Quickly check for any breathing difficulty
- If any life-threatening conditions are found or suspected, then treat them

Checking a Responsive Person (3 of 3)

- Shout for help

If…	Then…
Someone arrives to help.	Have them call 9-1-1 and get a first aid kit.
No one arrives to help and you have a mobile phone.	While treating life-threatening conditions, call 9-1-1 and follow the dispatcher's instructions.
No one arrives to help and you do not have a mobile phone.	Leave the person to find a phone and call 9-1-1.

- Look for/ask about medical identification tag

Interviewing an Injured or Ill Person

- Gather information using the mnemonic SAMPLE

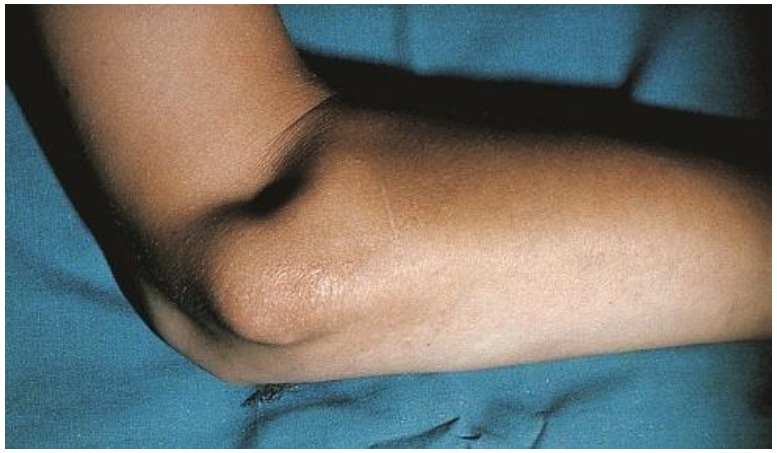
TABLE 3-1 SAMPLE History

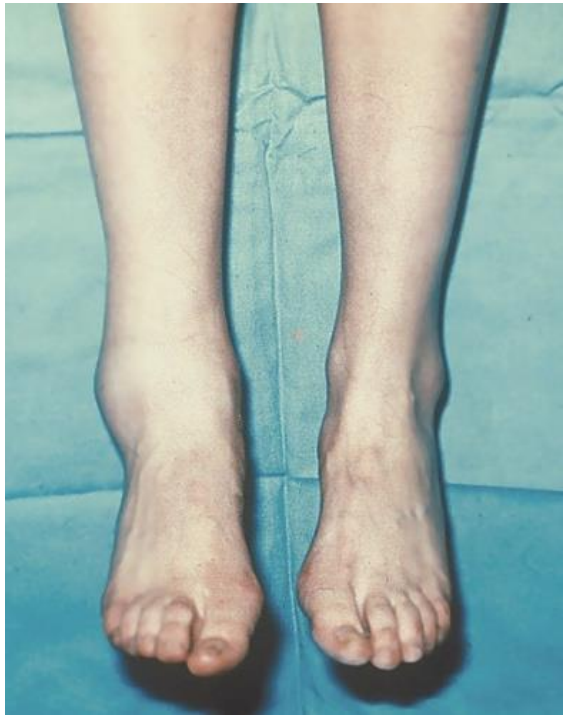
Component	Questions to Ask
S = Symptoms	What is wrong? Where do you hurt?
A = Allergies	Are you allergic to anything?
M = Medications	Are you taking any medications, including over-the-counter medications and herbal supplements? What are they for? When did you last take them?
P = Pertinent past medical 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?

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 wound
  - T = Tenderness
  - S = Swelling

Conducting a Physical Exam: DOTS (2 of 3)





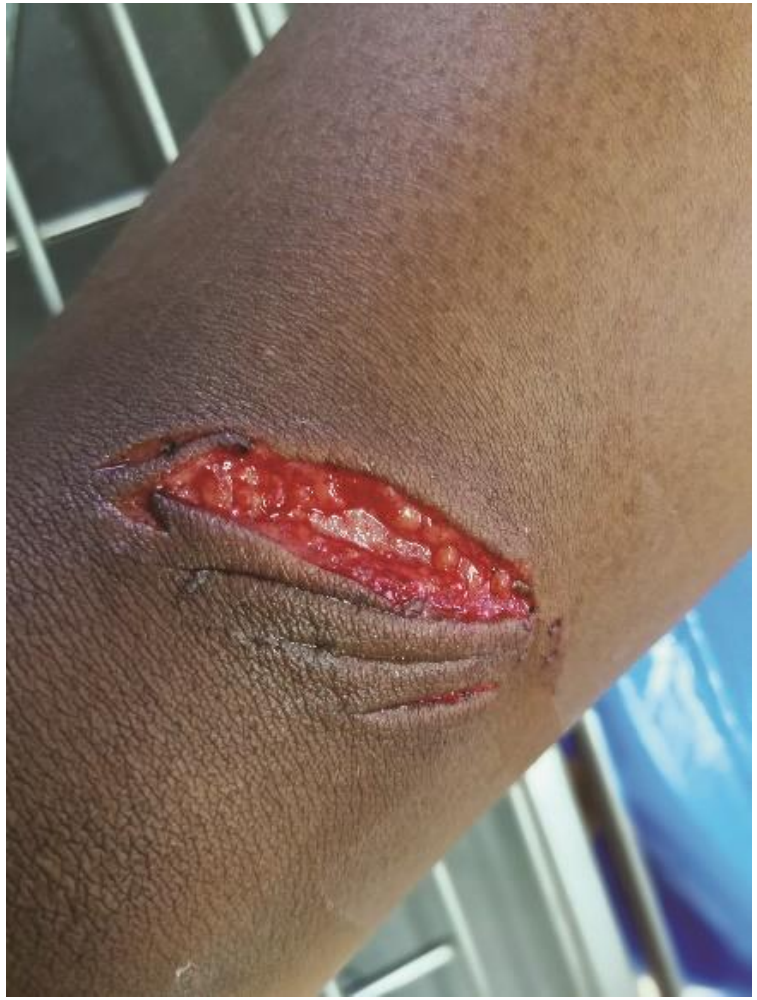


Figure 3-3

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

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

Conducting a Physical Exam: Skin Assessment

- Color
  - Check nail beds, inside of mouth, inner eyelids in persons with darker skin tones
- 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 (possibly shock)

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 or damage only what is necessary, maintain privacy, and prevent exposure to cold

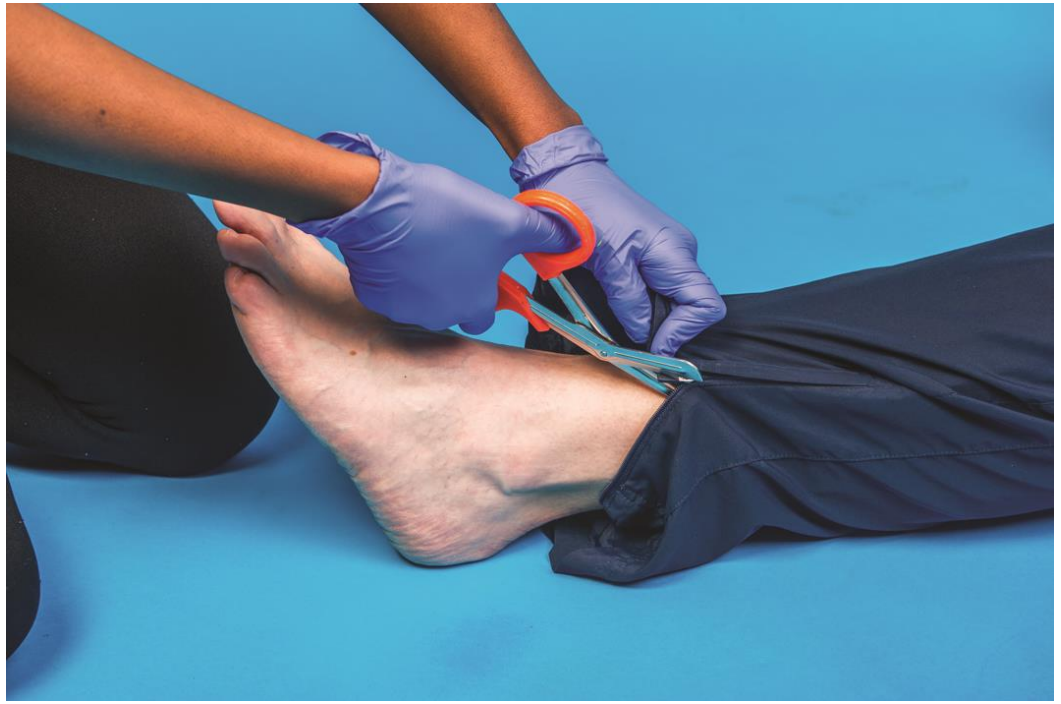


Figure 3-4

Conducting a Physical Exam: Precautions

- Wear PPE and minimize amount of physical contact to only what is necessary
  - *Look for* and *ask about* DOTS
- Obtain consent, respect privacy, and remain professional and calm

Special Considerations: Children and Infants

- Not just small adults
- Some key differences in providing care (eg, CPR, interviewing)
- Involve parents/caregivers in providing care

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

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

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

- Address person as though they are awake, even if they are unresponsive
  - Do not make disparaging remarks assuming they cannot hear you
  - Treat others as you would want them to treat you