Patient Assessment/Management - Medical

Start Time:								
Stop Time:		Date:						
Candidate's Nam	ne:			•				
Evaluator's Name:						Points Possible	Points Awarded	
Takes, or verbalizes, body substance isolation precautions						1		
SCENE SIZE-U	•					_		
Determines the scene is safe						1		
Determines the mechanism of injury/nature of illness						1		
Determines the number of patients						1		
Requests additional help if necessary						1		
Considers stabilization of spine 1								
INITIAL ASSESSMENT								
Verbalizes general impression of the patient						1		
Determines responsiveness/level of consciousness						1		
Determines chief complaint/apparent life threats						1		
			Assessment			1		
Assesses airway	and breathing		Indicates appropriate oxygen therapy			1		
			Assures adequate ventilation			1		
			Assesses/controls	s major bleeding		1		
Assesses circula	ation		Assesses pulse		1			
			Assesses skin (color, temperature and condition)			1		
Identifies priority patients/makes transport decisions						1		
FOCUSED HIST	ORY AND PHYSI	CAL EXAMINATIO	N/RAPID ASSESS	MENT				
Signs and symptoms (Assess history of present illness)						1		
Respiratory	Cardiac	Altered Mental Status	Sepsis	Diabetes	Alcohol / Drug	Obstetrics	Behavioral	
*Onset?	*Onset?	*Description of	*History of	*Are you a	*Source?	*Are you pregnant?	*How do you feel?	
*Provokes?	*Provokes?	the episode.	illness?	diabetic? When	*Effects?	*How long have you	*Determine	
*Quality?	*Quality?	*Onset?	*How long	did you ingest	*Duration?	been pregnant?	suicidal	
*Radiates?	*Radiates?	*Duration?	have you	food?	*Loss of	*Pain or	tendencies.	
*Severity?	*Severity?	*Associated	been sick?	*Have you	consciousness?	contractions?	*Is the patient a	
*Time?	*Time?	Symptoms?		taken your		*Bleeding or	threat to self or	
*Interventions?	*Interventions?	*Evidence of	*Progression? *Interventions?	medications?		discharge?	others?	
		Trauma?	interventions?	*Over what time		*Do you feel the	Is there a medical	
		*Interventions?		period?		need to push?	problem?	
		*Seizures?		*Interventions?		*Last menstrual	Interventions?	
		*Fever?				period?	into vontiono	
Allergies	<u>l</u>		<u>l</u>	<u>l</u>	<u>l</u>	1		
Medications		1						
Past pertinent history						1		
Last oral intake						1		
Event leading to present illness (rule out trauma)						1		
Performs focused physical examination (assesses affected body part/system or,						1		
	if indicated, comp							
Vitals (obtains ba	aseline vital signs)	1						
Interventions (ob	tains medical dire	1						
	and verbalizes pr							
Transport (re-evaluates the transport decision)						1		
Verbalizes the consideration for completing a detailed physical examination						1		
ONGOING ASS	ESSMENT (verba	lized)						
Repeats initial assessment 1								
Repeats vital signs						1		
Repeats focused	d assessment rega	1						
Critical Criteria Total:						30		
Did not take, or verbalize, body substance isolation precautions when necessary								
Did not determine scene safety								
Did not obtain medical direction or verbalize standing orders for medical interventions								
	Did not provide high concentration of oxygen							
Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)								
Did not differentiate patient's need for transportation versus continued assessment at the scene								
Did detailed or focused history/physical examination before assessing the airway, breathing a						ina circulation		
	Did not ask augst	ione about the pres	ant illnass					

Administered a dangerous or inappropriate intervention