Patient Assessment/Management - Medical

Ctout Times							
Start Time:		-					
Stop Time:		Date:		_			
Candidate's Nar	ne:			_			
Evaluator's Name:						Points	Points
				-		Possible	Awarded
Takes, or verbalizes, body substance isolation precautions						1	
SCENE SIZE-UI	Р						
Determines the scene is safe						1	
Determines the mechanism of injury/nature of illness						1	<u> </u>
Determines the number of patients						1	
Requests additional help if necessary Considers stabilization of spine						1	
INITIAL ASSES						<u>'</u>	<u> </u>
	eral impression of	the patient				1	
Determines responsiveness/level of consciousness						1	
	ef complaint/appar					1	
			Assessment			1	
Assesses airway	y and breathing		Indicates appropriate oxygen therapy			1	
			Assures adequate	e ventilation	1		
			Assesses/controls major bleeding			1	
Assesses circula	ation		Assesses pulse		1		
				ssesses skin (color, temperature and condition)			
		ransport decisions	N/DADID ACCES	CMENT		1	
		ICAL EXAMINATION Only of present illnes		SMENI		1	Т
Respiratory	Cardiac	Altered Mental	Allergic	Poisoning/	Environmental	Obstetrics	Behavioral
,		Status	Reaction	Overdose	Emergency		
*Onset?	*Onset?	*Description of	*History of	*Substance?	*Source?	*Are you pregnant?	*How do you feel
*Provokes?	*Provokes?	the episode.	allergies?	When did you	*Environment?	*How long have you	*Determine
*Quality?	*Quality?	*Onset?	*What were	ingest/become	*Duration?	been pregnant?	suicidal
*Radiates?	*Radiates?	*Duration?	you exposed	exposed?	*Loss of	*Pain or	tendencies.
*Severity?	*Severity?	*Associated	to?	*How much did	consciousness?	contractions?	*Is the patient a
*Time?	*Time?	Symptoms?	*How were	you ingest?	*Effects-	*Bleeding or	threat to self or
*Interventions?	*Interventions?	*Evidence of	you	*Over what time	general or	discharge?	others?
		Trauma?	exposed?	period?	local?	*Do you feel the	Is there a medica
		*Interventions?	*Effects?	*Interventions?		need to push?	problem?
		*Seizures?	*Progression?	*Estimated		*Last menstrual	Interventions?
Allergies	<u> </u>	*Fever?	*Interventions?	weight?		period?	
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	pletes rapid assessi	ment)				
Vitals (obtains baseline vital signs)						1	
Interventions (obtains medical direction or verbalizes standing order for medication interventions						1	
Transcrit '		roper additional inte	rvention/treatment	t)			
Transport (re-evaluates the transport decision) Verbalizes the consideration for completing a detailed physical examination						1	
	ESSMENT (verba		z priyoicai examina	auUII		<u>'</u>	<u> </u>
	•					1	
Repeats initial assessment Repeats vital signs						1	†
	_	1					
Repeats focused assessment regarding patient complaint or injuries Critical Criteria Total:						30	
		verbalize, body subs	stance isolation pre	ecautions when ne			4
	Did not determine	-	•		-		
	-	edical direction or v	erbalize standing	orders for medical	interventions		
	_	nigh concentration o	_				
	-	anage problems as		ay, breathing, hem	orrhage or shock (h	ypoperfusion)	
	-	ate patient's need for		-	-		
	_	cused history/physi	*				
	-	tions about the pres		3			

Administered a dangerous or inappropriate intervention