

Scene Size-Up

1. Scene Safety
2. BSI
3. Mechanism of Injury / Illness
4. # of patients
5. Additional resources

Initial Assessment

1. General Impression / Chief complaint
2. Assess Mental Status (AVPU) (PPT)
3. Assess airway
4. Assess breathing Interventions
5. Assess circulation
6. Determine priority

**Trauma Patient
Focused History / Physical Exam**

**Medical Patient
Focused History / Physical Exam**

NO Significant Mechanism of Injury

1. Reconsider the MOI
2. Determine Chief Complaint
3. Perform **Focused physical exam**
4. Obtain Baseline Vitals
BP, Pulse, Respr, Pupil, Skin
5. Take a **SAMPLE** history

Significant Mechanism of Injury

1. Reconsider the MOI
2. Continue spine stabilization
3. Consider ALS
4. Reconsider your transport decision
5. Reassess mental status
6. Perform **Rapid trauma physical**
7. Obtain Baseline Vitals
BP, Pulse, Respr, Pupil, Skin
8. Obtain a **SAMPLE** history

Responsive Patient

1. Take a history of present illness and **SAMPLE** history
2. Perform **Focused physical exam**
3. Obtain baseline vitals
BP, Pulse, Respr, Pupil, Skin
4. Consider ALS

Unresponsive Patient

1. Perform **Rapid physical exam**
2. Obtain baseline vitals
3. Consider ALS
4. Take a history of present illness and **SAMPLE** history from family or bystanders

Detailed physical Exam

Ongoing Assessment

**DCAP-BTLS
Trauma Patients**

- D** - Deformities
- C** - Contusions
- A** - Abrasions
- P** - Punctures / penetrations
- B** - Burns
- T** - Tenderness
- L** - Lacerations
- S** - Swelling

AVPU

- Alert
- Responds to Verbal
- Responds to Pain
- Unresponsive

DOTS (Trauma)

- Deformities
- Open Wounds
- Tenderness
- Swelling

SAMPLE

- S** - Signs and Symptoms
- A** - Allergies
- M** - Medications
- P** - Pertinent Past history
- L** - Last Oral Intake
- E** - Events leading up to injury or illness

**OPQRST
Medical Patients**

- O** - Onset / What were you doing?
- P** - Provokes / What might have triggered this pain?
- Q** - Quality / Can you describe the pain?
- R** - Radiation / Where exactly is the pain?
- S** - Severity/How bad is the pain on a scale of 1-10?
- T** - Time / When did it start? Has it changed since it started?

Rapid Trauma Assessment

(D=DCAP-BTLS or DOTS)

1. Head D+Crepitation+ears/nose fluid
2. Neck - collar D+Crepitation+JVD
3. Chest D+Crepitation+Sounds (4)+motion
4. Abdomen D+firmness/hardness/distension/mass/bags
5. Pelvis D+ Crepitation+Priapism
6. Extremities D+Crepitation+Pulses+Motion+Sensation
7. Posterior body-backboard D

Rapid Physical Assessment

(D=DCAP-BTLS or DOTS)

1. Head D
2. Neck - collar D+JVD
3. Chest D+Sounds (4)
4. Abdomen D+firmness/hardness/distension/mass/bags
5. Pelvis D+Incontinence/feces
6. Extremities D+Pulses+Motion+Sensation
7. Posterior body D

High Priority Patients

1. Poor general impression
2. Unresponsive
3. Responsive, but not following commands
4. Difficulty breathing
5. Complicated childbirth
6. Chest pain w systolic BP less than 100
7. Uncontrolled bleeding / Shock
8. Severe pain anywhere

Ongoing Assessment

1. Repeat the initial assessment for life- threats. (Mental status, ABC's, Patient priority)
2. Reassess vital signs
3. Repeat the focused assessment related to specific complaints or injuries
4. Check interventions

Detailed Physical Exam

1. Repeat initial assessment
2. Complete all critical interventions
3. Head +Ears/Nose fluid, Face, Eyes, Nose
4. Neck
5. Chest
6. Abdomen
7. Pelvis (priapism)
8. Extremities
9. Posterior body
10. Reassess vital signs