

Answers to Assessment in Action and Points to Ponder

Section 3: Patient Assessment

Chapter 8: Patient Assessment

Assessment in Action

1. B. gloves and eye protection.

Proper body substance isolation precautions for a critical trauma patient who is bleeding heavily would consist of a gown, gloves, and eye protection.

2. B. mechanism of injury.

Mechanism of injury is a study of the type of force, direction, and speed, which will lead the EMT-B to have a high suspicion of injury based on kinematics of trauma.

3. C. forming a general impression.

The general impression of the patient or how the patient presents is the first step of an accurate patient assessment. In many cases the EMT-B can determine how critical the patient is just by looking.

4. D. responds only to painful stimulation.

The patient's level of consciousness is based on the AVPU scale. A indicates alert; V, alert to verbal stimuli only; P, responds only to painful stimuli; and U, totally unresponsive.

5. A. airway, breathing, and circulation.

After determining the patient's level of consciousness the EMT-B must assess the ABCs, airway, breathing, and circulation. It is critical that this be done before moving on to other parts of the assessment process. Past medical problems will be discussed in the SAMPLE history, which is done later in the assessment. The face, neck, arms, and legs would be assessed later in the focused history and physical exam or in the detailed physical exam if required.

6. B. a high priority.

After the initial assessment is completed, the patient is classified by acuity. This classification is high, intermediate, or low priority.

7. B. 10 minutes on scene.

The Golden Hour states the patient has the best chance of survival from traumatic injuries if surgical intervention is started within 1 hour of the injury. To help meet this timeframe, the EMT-B should try to limit your time on scene. The standard is 10 minutes.

8. A. a rapid trauma assessment, baseline vital signs, and SAMPLE history.

If after the initial assessment the patient's condition is classified as critical, the EMT-B should start a rapid trauma assessment, take vital signs, and obtain a SAMPLE history.

9. To better understand what may be wrong with a patient, the OPQRST mnemonic leads the EMT-B down a pathway. This assists the EMT-B in answering what may be wrong with the ill patient. This mnemonic about pain asks about onset, provoking factors, quality, radiation, severity, and time.

10. The rapid trauma assessment should be completed on any patient with critical traumatic injuries. This assessment should only take 60 to 90 seconds. The focused trauma assessment is completed on patients with no life-threatening injuries. The focused trauma assessment can be completed on a critical patient if time allows and only after treating airway, breathing, and circulation problems.

11. By use of inspection and palpation, the EMT-B completes a thorough exam of the head, neck, chest, abdomen, pelvis, lower extremities, upper extremities, and the posterior regions. The EMT-B is looking for DCAP-BTLS, which stands for deformities, contusions, abrasions, punctures/penetrations, burns, tenderness, lacerations, and swelling.

12. The ongoing assessment must be completed after any intervention, every 5 minutes on critical patients and every 15 minutes on stable patients.

Points to Ponder

EMT-Bs must not judge patients on economic status, race, religion, age, or even location. Many of the patients we care for cannot help the condition in which they may be found. Regardless of these factors, the EMT-B has a duty to act.

Chapter 9: Communications and Documentation

Assessment in Action

1. B. 2" to 3"

Hold the microphone 2" to 3" from your mouth and speak clearly.

2. D. All of the above

The FCC also is responsible for licensing base stations and assigning call signals for the base stations.

3. A. repeater.

There are also some repeaters that can be found on the transport unit.

4. A. Standing orders

Standing orders enable the EMT-B to initiate and/or provide care without having contact with medical control.

5. B. We are en route with a 45 y/o male with a history of IDDM. Pt took his insulin today without eating. We found pt to be confused with a BS of 40 mg/dL. We administered oral glucose with desired effect. Pt is A/O x3. Vital signs BP 120/80, pulse 80, respirations 12. We have a 5-minute ETA.

This is the best example of a thorough, precise report. It is important to give all necessary information and be short. A full report can be given upon arrival to the emergency department.

6. This is a difficult call that and similar situations occur everyday. The best way to approach the patient is to try and convince her that she should go for a routine evaluation. Treating a patient with respect and compassion will often be successful. Your training has taught you the serious medical complications that will arise with Tylenol overdose. Using medical control and law enforcement provide a back up measure to ensure that the patient receives higher-level emergency treatment.

7. It is very important NOT to use your patient report to discuss quality assurance issues.

Document the care given to the patient on the patient report and use a separate incident report to discuss quality assurance issues you believe need to be investigated.

Points to Ponder

In cases of obvious death when law enforcement needs a medical confirmation it would be wise to send in only one provider to keep the crime scene as preserved as possible. If you do need to resuscitate the patient try not to disturb the surrounding scene. Note the position of the patient, any evidence seen around and/or on the patient, and cut around suspected gun shot wounds. It is very important to take extra time to carefully document the scene. Your report will become a

legal document that will become part of any criminal investigation. However, keep your report subjective and only record to your level of training.