

Patient Assessment

A detailed guide all about Assessing Patients in Emergencies.



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Introduction:

A structured process for patient assessment is common in paramedicine and other emergency settings. Structured assessment processes have been identified as important to guiding practice, reducing errors or adverse events, and contributing to accuracy requirements that can improve patient care in many settings.

When do you assess a patient?

Use the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach to assess and treat the patient. Do a complete initial assessment and re-assess regularly. Treat life-threatening problems before moving to the next part of assessment. Recognize when

you will need extra help. Call for appropriate help early. Use all members of the team.

Emergency Acronyms:

Listed below are some acronyms that you can use when presented with an emergent patient or a casualty.

Unconscious but breathing:

When a patient is unconscious, but still breathing, you can use the acronym DRs ABCD:

- D → Danger:
 - You should assess the area for danger.
 - If there is danger, it should be avoided or removed.
- R → Response:
 - You should check the patient's responses.
 - Do they respond to any vocal or physical stimuli?
- S → Shout:
 - This step is typically used for off-duty paramedics or unqualified citizens.
 - The conscious person should shout to get others' attention. You may also call 999/911/112 in this situation.
- A → Airway:
 - You should open the casualty's mouth and check for any blockages or abnormalities.
 - If there are none, you should place the casualty on their back, tilting their head and chin to open the airway.
 - If there is, you should place the casualty on their side and allow the block to drain if liquid, or carefully clear the block using your fingers.
- B → Breathing:
 - You should check if the casualty is breathing.
 - If they are not breathing, place the patient on their back and begin CPR.
 - If they are breathing, place the patient on their side, and into the recovery position.
- C → CPR:
 - This step should only be conducted if the patient is not breathing. If they are already breathing and CPR is performed, it can further irregulate the heart's rhythm, and cause further danger.

- The patient should receive 2 compressions per second on their heart, using two hands (if an adult), or one hand (if an infant).
- Rescue breaths are no longer used during CPR, as they do not benefit the patient much. They can also transfer harmful bacteria from casualty to you, or from you to casualty.
- D → Defibrillator:
 - If available, use a defibrillator.
 - This will send electric shocks into the casualty, attempting to completely restart the heart.
 - Make sure to remove any piercings or metal bands, including wired bras, to prevent harm to the casualty.

Signs of a stroke:

Use this acronym (BE-FAST) if a casualty is suspected to have a stroke.

- B → Balance:
 - Is the person suddenly having trouble with balance or coordination?
- E → Eyes:
 - Is the person experiencing a negative change in vision without pain? (Blurred, double vision, sudden loss of vision in one or both eyes.)
- F → Face Drooping:
 - Does one side of the face droop or is it numb? Ask the casualty to smile.
- A → Arm Weakness:
 - Is one arm weak or numb? Ask the casualty to raise both arms.
- S → Speech Difficulty:
 - Is speech strange, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence such as, 'Apples are a fruit'.
- T → Time to call 999/911/112:
 - If the person shows any of these symptoms, even if the symptoms go away, call your local emergency services and get them to the hospital immediately.
 - If you are unaware of the local emergency number, you can call 112 to access it.

Patient Assessment: SAMPLE:

These are basic questions to gather information about a casualty.

- **S** → Symptoms → “Have you been experiencing anything different to usual, such as a headache, or any pains?”
- **A** → Allergies → “Do you have any known or suspected allergies?”
- **M** → Medications → “Have you been taking any medications over the last few weeks/months?”
- **P** → Past Medical History → “Have you had any diagnosis before?” “Have you previously undergone surgery?” “Have you had any major injuries before this?”
- **L** → Last Oral Intake → “When was the last time you ate/drank something?” “What did you eat/drink?” “Did you eat/drink anything different from usual around the time your symptoms began?”
- **E** → Events → “When did your symptoms start?” “Do you remember doing anything that may have triggered this around that time?”

To check consciousness: AVPU:

Use this acronym (AVPU) to assess a casualty’s level of consciousness.

- **A** → Awake → Is the casualty awake?
- **V** → Verbal → Does the patient respond to vocal stimuli?
- **P** → Pain → Does the patient respond to pain stimuli?
- **U** → Unresponsive → Is the patient unresponsive to all stimuli?

Initial Assessment:

After Initial Assessment of The Primary Survey, If the Patient is conscious and breathing try and Note the History. If the Casualty (patient) is unresponsive try your best to estimate age, The injury will depend on your situation but hopefully, you will be able to have an educated guess on what the signs, symptoms, and injury are. You need to control their consciousness, control any bleeding, and perform any other essential life-saving first aid as quickly as possible to stabilize their condition. Help the casualty to administer any medication if appropriate, for example, GTN spray, asthma pump, Epipen, etc.

Post-Ambulance Care:

Once you have taken the patient to the nearest hospital, you need to give a quick handover to their ED (Emergency Department) so they can start emergency treatment if needed. You can hand over using ASHICE, this will be demonstrated below.

Hand Over: ASHICE:

Use this acronym (ASHICE), when handing a patient over to the hospital.

- A → Age → How old are they?
- S → Sex → What gender were they assigned at birth?
- H → History → What events happened that led up to the injury/illness? Do they have any past injuries/illnesses that may affect their condition today?
- I → Injuries/Illness → What injuries do they have? What suspected illness do they have?
- C → Condition → Are the patient's vitals stable? Is the patient conscious? Are they cannulated or intubated?
- E → Estimated Time of Arrival to Hospital → What time are you 'going to'/'did you' get to the hospital?

If you have any questions or would like further information on this topic, please open a Medical Education ticket, or you can DM either @AgentT.20 (XxIIIlovepandasXx) or @emio.x (Ms. Emilia G. F.) on Discord.