

## Patient Assessment/Management – Medical

**Start Time:** \_\_\_\_\_

**Stop Time:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Candidate's Name:** \_\_\_\_\_

**Evaluator's Name:** \_\_\_\_\_

		Points Possible	Points Awarded
Shakes, or verbalizes, body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
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	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment Initiates appropriate oxygen therapy Assures adequate ventilation	1 1 1	
Assesses circulation	Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)	1 1 1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>			
Signs and symptoms ( <i>Assess history of present illness</i> )		1	
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction
Poisoning/ Overdose	Environmental Emergency	Obstetrics	Behavioral
* Onset? * Provokes? * Quality? * Radiates? * Severity? * Time? * Interventions?	* Onset? * Provokes? * Quality? * Radiates? * Severity? * Time? * Interventions?	* Description of the episode. * Onset? * Duration? * Associated symptoms * Evidence of trauma? * interventions? * Seizures? * Fever	* History of Allergies? * What were you exposed to? * How were you exposed? * Effects? * Progression? * Interventions?
* Substance? * When did you ingest/become exposed? * How much did you ingest? * Over what time period? * Interventions? * Estimated weight?	* Source? * Environment? * Duration? * Loss of consciousness? * Effects - general or local?	* Are you pregnant? * How long have you been pregnant? * Pain or contractions? * Bleeding or discharge? * Do you feel the need to push * Last menstrual period?	* How do you feel? * Determine suicidal tendencies. * Is the patient a threat to self or others? * Is there a medical problem? * Interventions?
Allergies		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, if indicated, completes rapid assessment)		1	
Vitals (obtains baseline vital signs)		1	
Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)		1	
Transport (re-evaluates the transport decision)		1	
Verbalizes the consideration for completing a detailed physical examination		1	
<b>ONGOING ASSESSMENT (verbalized)</b>		<b>1</b>	
Repeats initial assessment / Repeats vital signs		2	
Repeats focused assessment regarding patient complaint or injuries		1	

<b>Total</b>	<b>30</b>
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<b>Critical Criteria</b>
____ Did not take, or verbalize, body substance isolation precautions
____ 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 not perform detailed or focused history/physical examination before assessing the airway, breathing and circulation
____ Did not ask questions about the present illness
____ Administered a dangerous or inappropriate intervention