

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery 7 - Secondary Patient Assessment 8 - Reporting & Documentation

Patient Assessment Guide

EMCAP / AVPU / ABC's
Gross Bleed / Primary & Secondary Assessment / Vital Signs and Reporting to EMS

PRIMARY ASSESSMENT

Start with:

- E – Environment – Is the area safe?
- M – Mechanism of Injury – May indicate type or potential seriousness of injuries.
- C – Count casualties – Number of casualties may determine resources required.
- A – Assistance required – Fire, EMS, request additional units?
- P – Personal protective equipment

Introduce self to patient and obtain consent.

** Cervical Spine precautions if indicated (M of EMCAP) **

- A – Alert – Patient reacting to their environment? i.e. looks around the room.
- V – Verbal – Not reacting to their environment but responds verbal stimuli.
- P – Painful – Does not respond to verbal, but rouses to painful stimuli.
- U – Unresponsive – Does not respond to painful stimuli.

Then check

- A – Airway – Open with head tilt / chin lift or modified jaw thrust based on M of EMCAP.
- B – Breathing – Look, listen and feel for 10 seconds
- C – Chest – Look for CLAPS-D, listen for bilateral air entry (stethoscope), and feel for TICS-D.
- C – Circulation – Check pulse for 05-10 seconds if casualty is unresponsive.
 - *Check carotid pulse for unresponsive patients and radial pulse for responsive patients.*
 - Assess capillary refill.
 - Assess overall skin condition.

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery 7 - Secondary Patient Assessment 8 - Reporting & Documentation

- ❑ **Gross Bleed Check** – a quick but thorough “ sweep “ of patient’s body looking for A Large, *LIFE THREATENING* bleed.

Note. If patient is not breathing and has no carotid pulse, initiate defibrillation protocol here if equipped and applicable.

If ABC’s are present and adequate, or are being attended to by another rescuer, continue with primary assessment.

Note: Treat All Life Threatening Injuries As You Find Them.

Then check neck to knees

- ❑ **NECK** – Look for CLAPS-D, JVD and Tracheal Deviation.
- ❑ **ABDOMEN** – Look for CLAPS-D and pulsating masses. If no pulsating masses are noted, feel for TICS-D and rigidity.
- ❑ **PELVIS** – Look for CLAPS-D, Feel for TICS-D in 3 planes.
- ❑ **FEMURS** – Look for CLAPS-D, Feel for TICS-D.

End primary assessment at the knees. The most serious injuries will be between the neck and the knees. If another rescuer has not already applied oxygen, then prepare oxygen for delivery (if available). Cover the patient to protect from environment and to keep warm.

Look for:

C – Contusions

L – Lacerations

A – Abrasions

P – Penetrations

S – Swelling / Symmetry

D – Deformity / Distention

Feel for:

T – Tenderness

I – Instability

C – Crepitus

S – Subcutaneous Emphysema

D – Deformity / Distention

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery 7 - Secondary Patient Assessment 8 - Reporting & Documentation

J – Jugular

V – Vein

D – Distention

If ABC's remain adequate and / or treated by others and all life-threatening injuries have been treated (or none found) move on to the secondary assessment.

SECONDARY ASSESSMENT

Patient Interview – If the patient is alert ask SAMPLE. If the patient is not alert, obtain history from family, friends or co-workers.
If unable to obtain a patient history, move to vitals.

- S** – Signs (what you see i.e. pale, sweaty)
Symptoms (what the patient tells you i.e. nausea, pain)
- A** – Allergies (food, medications, environmental)
- M** – Medications (drug names, are they available?)
- P** – Past Medical History (cardiac, diabetes, seizures, surgeries, etc.)
- L** – Last Oral Intake (what time and solid or fluid?)
- E** – Events Leading Up To (what was the patient doing prior to the incident?)

If the patient is alert and experiencing pain, perform a pain assessment by asking OPQRST.

- O** – Onset (when and where did this start / happen?)
- P** – Provoke (what were you doing when this started? I.e. exercise brought on pain)
- Q** – Quality (can you describe the pain? i.e. sharp vs. dull, pressure, crushing)
- R** – Region / Radiation (where is the pain? does it go anywhere else?)
- S** – Severity (can you rate the pain on a scale from 1 to 10?)
- T** – Time (how long has this been going on? i.e. 3X this week)

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program

Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery

7 - Secondary Patient Assessment

8 - Reporting & Documentation

Obtain a complete set of vitals to include pulse, respirations, blood pressure (if trained), skin condition, pupils and level of awareness.

VITALS

- Pulse - Described by rate, rhythm and volume
- Respirations - Described by rate, rhythm and volume
- Blood Pressure - Taken by auscultation or palpation
- Skin - Describe colour, temperature and condition
- PEARL - Pupils are **E**qual And **R**eactive to **L**ight
- Level of Awareness - Is the patient oriented to person, place and time?

Now perform a thorough head to toe assessment. Remember, you are always monitoring the patient's ABC's and any critical interventions implemented.

- HEAD
 - Look for CLAPS-D & discharge from the ears/nose/mouth.
 - Feel for TICS-D.
- NECK
 - Look for CLAPS-D and JVD.
 - Feel for TICS-D and tracheal deviation.
- CHEST / BACK
 - Look for CLAPS-D and Feel for TICS-D.
- ABDOMEN
 - Look for CLAPS-D and pulsating masses. If no pulsating Masses are noted, feel for TICS-D and rigidity in 4 quadrants.
- PELVIS
 - Look for CLAPS-D and signs of incontinence or priapism.
 - Feel for TICS-D in 3 planes.
- LOWER LIMBS
 - Hips to toes. Look for CLAPS-D.
 - Feel for TICS-D & circulation/sensation/strength/mobility.
- UPPER LIMBS
 - Shoulders to finger tips. Look for CLAPS-D.
 - Feel for TICS-D & circulation/sensation/strength/mobility.

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program

Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery

7 - Secondary Patient Assessment

8 - Reporting & Documentation

- Note all non-life threatening injuries found and treat appropriately.
- Complete a second set of vital signs recording as you did for your baseline vitals for comparison. If time permits, on-going vital signs check every 5 minutes after your second set of vitals. Record and document all vitals and times they were taken.
- Document injuries, history, treatments (with results), and vitals taken to prepare report for EMS.

REPORTING TO EMS

Your report should be brief, concise, and include the following if available:

- What you found – Patient's name, age, chief complaint, incident history
- What you did – Assessment findings, treatment provided, vital signs
- What you have – Response to treatment, last set of vitals

TFS Pocket Medical Report (PMR)


- Available to assist TFS crews with assessment and reporting skills
- PMR given to the on-scene TEMS crew with no copy required by TFS
- Use the PMR as a guide, it is not a mandatory TFS form
- No patient name is to be recorded on the PMR. Patient confidentiality will be compromised if the PMR is lost
- TFS staff should continue to collect patient name, if available, to complete the TFS 'A' form

EMERGENCY MEDICAL SERVICES SECTION

Firefighter Prehospital Care (FPC) Program Module 5 - Primary Patient Assessment/Airway Management/O₂ Delivery 7 - Secondary Patient Assessment 8 - Reporting & Documentation

Sample Patient Medical Report

TORONTO FIRE SERVICES & SOCPC		POCKET MEDICAL REPORT	
Incident address	Age	<input type="checkbox"/> M	<input type="checkbox"/> F
Please read important information on the back of this form			
Chief Complaint			
Incident History			
Primary/Secondary Survey			
Airway/Breathing/Circulation			
Level of consciousness (A V P U)		Details	
Head/Neck			
Chest/Abdomen			
Pelvis/Extremities			
Past Medical History			
<input type="checkbox"/> Cardiac		Details	
<input type="checkbox"/> Respiratory		Details	
<input type="checkbox"/> Stroke		Details	
<input type="checkbox"/> Diabetes		Details	
<input type="checkbox"/> Seizures		Details	
Medications			
List (use reverse side) or collect medications & send with patient			
Allergies			
<input type="checkbox"/> ASA <input type="checkbox"/> Codeine <input type="checkbox"/> Sulpha <input type="checkbox"/> Penicillin <input type="checkbox"/> Other?			
	Time	Pulse	Blood Pressure
1 st set /	hr	/	/

2 nd set /	hr	/	/
Treatment			
<input type="checkbox"/> CPR and defibrillation			
<input type="checkbox"/> Oxygen			
<input type="checkbox"/> C-spine support			
<input type="checkbox"/> Splinting			
<input type="checkbox"/> Wound dressing			
			 Document 1.13

Important Instructions

Due to patient confidentiality issues **DO NOT include the patient's name on the Pocket Medical Report.** The patient's name, if available, should be collected as it will be required for completion of the TFS 'A' form.