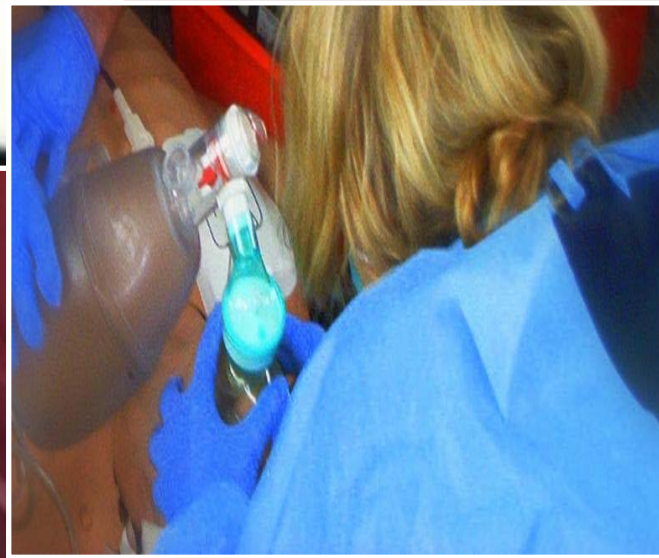


Firefighter Prehospital Care Program

Module 5



Primary Patient Assessment



Document 1.2



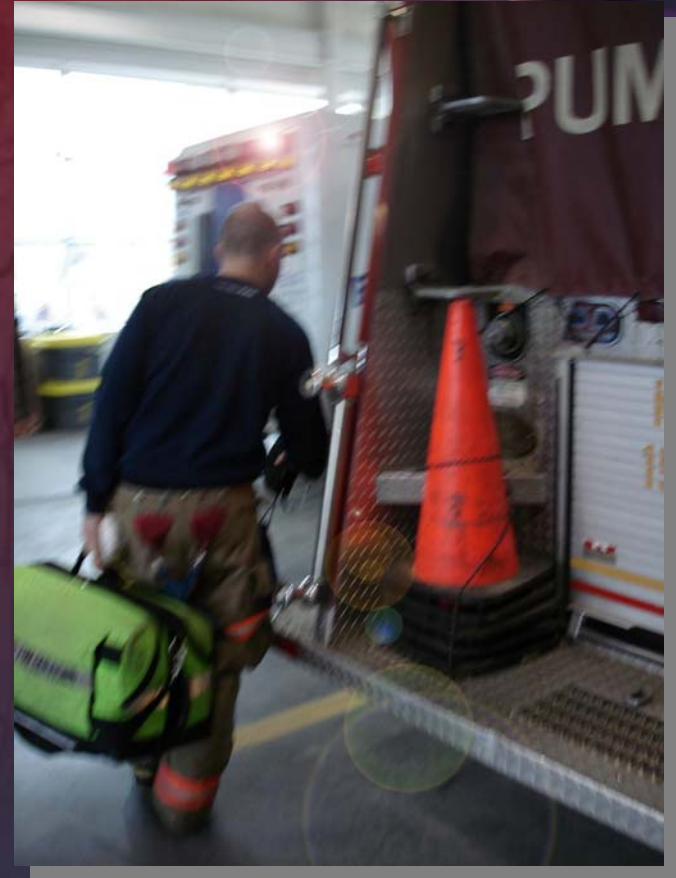
SUNNYBROOK - OSLER
CENTRE FOR PREHOSPITAL CARE



WILLIAM
OSLER
HEALTH
CENTRE

Primary Assessment - Objectives

- Rapid method for scene size-up
- Method for rapid identification of life threats
- Mechanism of injury or nature of illness
- Priority: ABCs and neck to knees
- Treatment of life threats as they are found



Scene Size-Up

The Firefighters own safety comes first!

Use appropriate infection control precautions.

Control scene hazards.

Determine mechanism of injury in trauma patients.

or

Determine nature of illness in medical patients.

Determine number of casualties.

Assess need for additional resources.



DNA

Primary Assessment

E - environment

M - mechanism of Injury

C - count the # of patients

A - assistance required

P - personal precautions



TRAUMA PATIENT

- Consider mechanism of injury
- Rapid assessment and treatment of life threats while maintaining C-spine precautions if necessary

MEDICAL PATIENT

- Consider nature of illness
- Rapid assessment and treatment of life threats
- Examination can be tailored to patient's signs and symptoms

Mechanism of Injury

What physically injured the TRAUMA patient?

Examples (*circumstances are everything*):

- Fall
- Motor vehicle collision
- Assault

How severe are the injuries?

- Highway collision vs. city street
- Falls greater than 2 metres (6')
- Unrestrained vs. belted



Nature of Illness

What is the MEDICAL patient suffering from?

Gather information from dispatch, patient, family, and bystanders.

Concentrate on the patient's chief complaint.



Consent & Introduction



- Introduce yourself to patient
- Obtain consent & patient name
- If trauma is suspected, advise the casualty to remain still

Responsiveness

A - alert

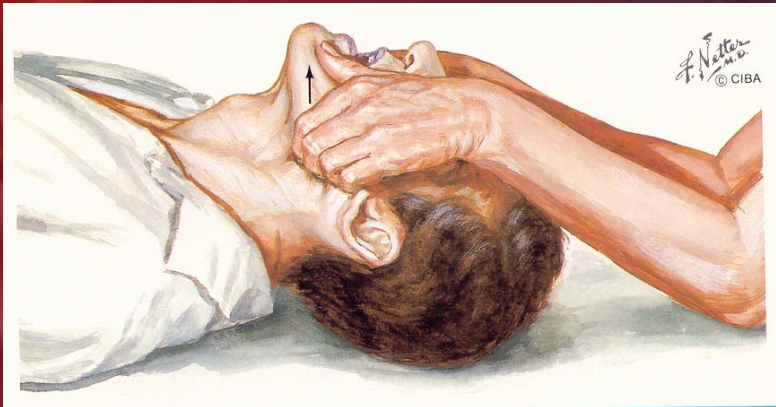
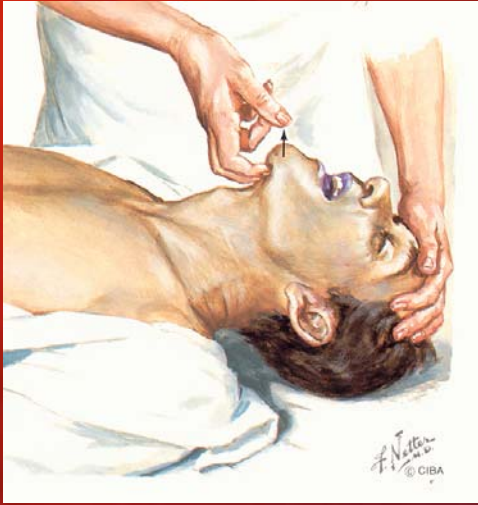
V - responds to verbal

P - responds to pain

U - unresponsive



Airway



- Is the patient able to speak? (implies open airway and breathing)
- Open airway (if needed)
- Head tilt/chin lift
- Modified jaw thrust

Breathing

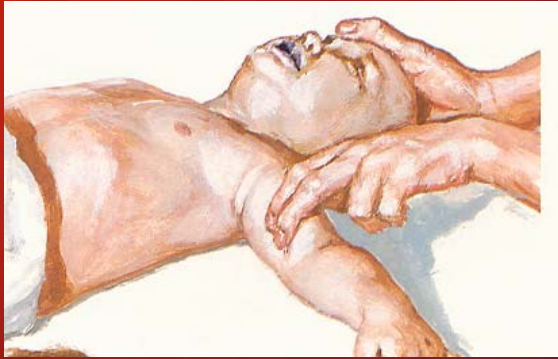


- Look
- Listen
- Feel



DNA

Circulation

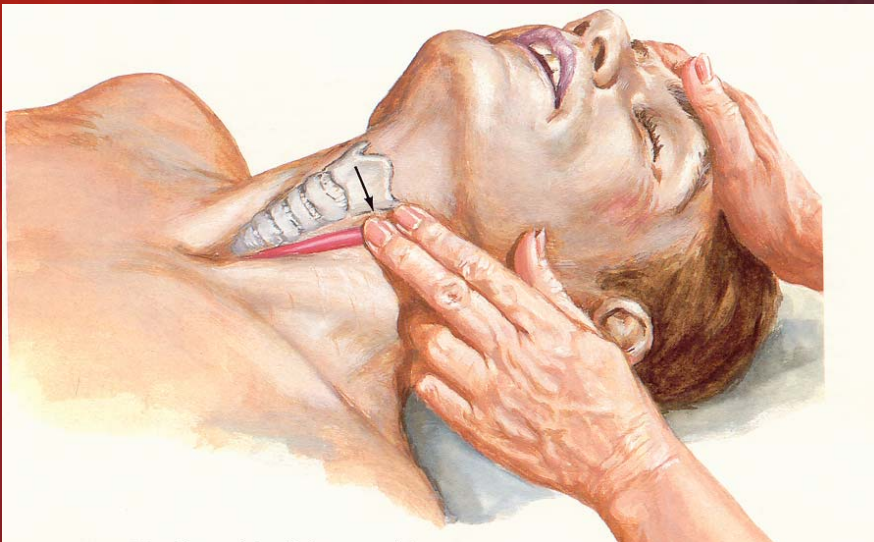


- **Pulse Assessment***
(carotid, radial, brachial)

- **Capillary Refill**

- **Overall Skin Condition**

- **Gross Bleed Check**



***If patient is Vital Signs Absent (VSA) follow defibrillation protocol**

Assessment Mnemonics

LOOK FOR...

C - contusions

L - lacerations

A - abrasions

P - penetrations

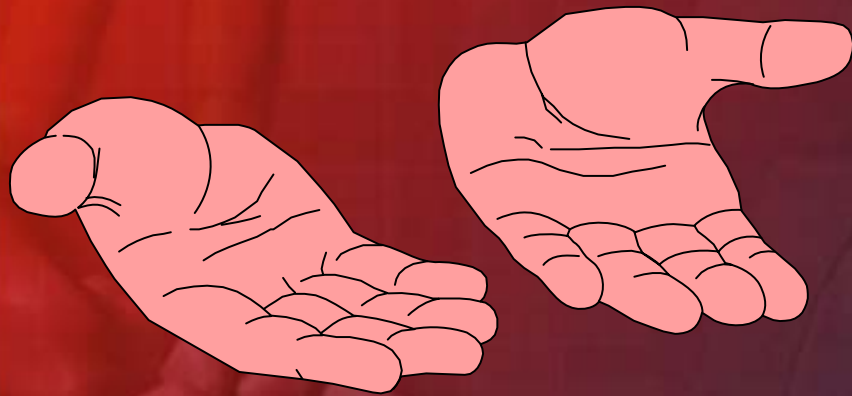
S - symmetry

D - deformity / distention



Assessment Mnemonics

FEEL FOR...



T - tenderness

I - instability

C - crepitus

S - subcutaneous emphysema

D - deformity / distention



DNA

Rapid Body Assessment



Neck:

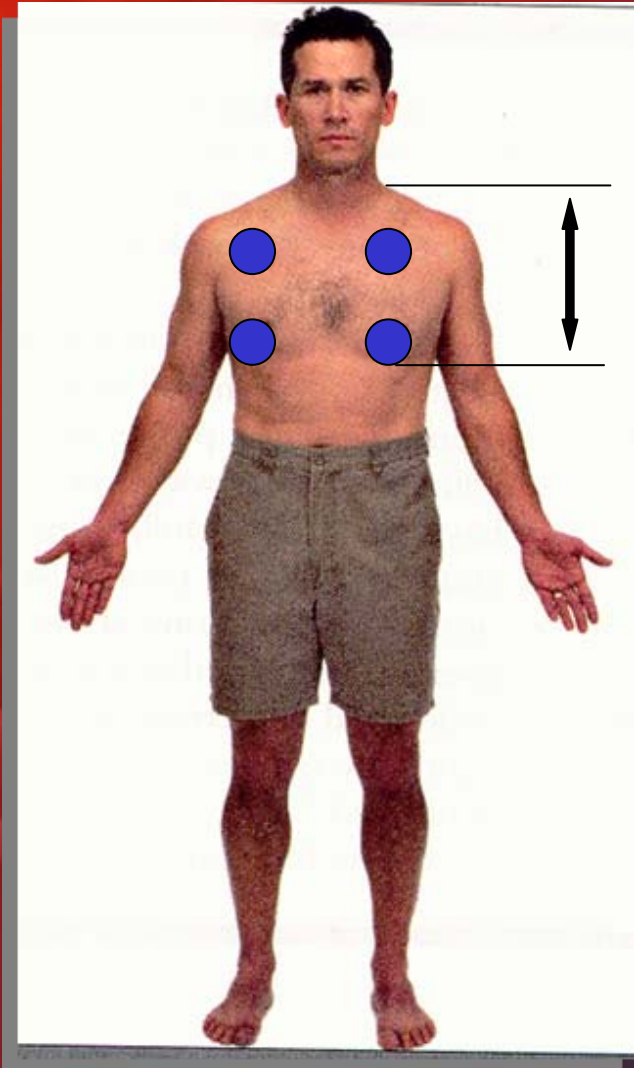
- CLAPS-D
- TICS-D
- Distended neck veins (JVD)
- Tracheal deviation

Jugular Vein Distension



DNA

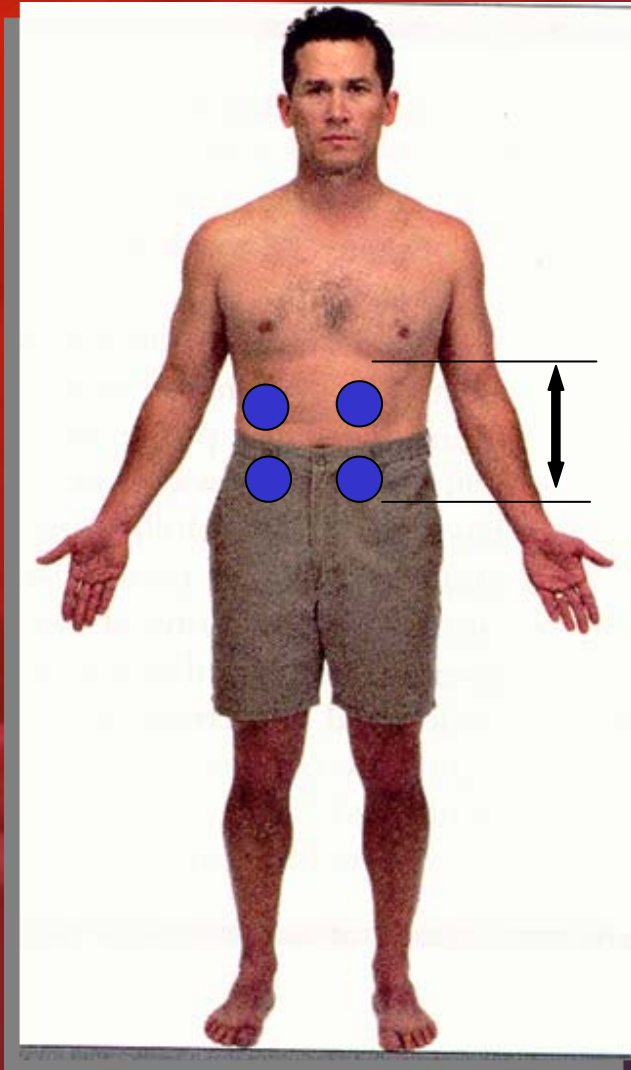
Rapid Body Assessment



Chest:

- CLAPS-D
- TICS-D
- Cover sucking chest wounds (Asherman Seal)
- Auscultation ●
(4 locations; compare left to right)

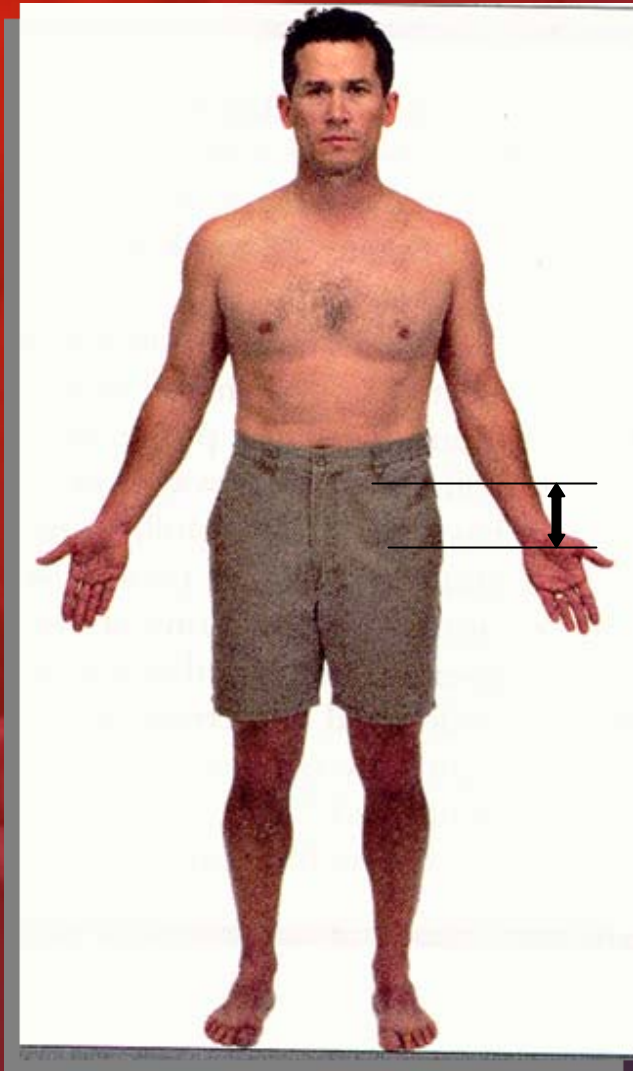
Rapid Body Assessment



Abdomen:

- Visual - CLAPS-D
- Palpate all 4 quadrants
 - Tenderness
 - Rigidity

Rapid Body Assessment

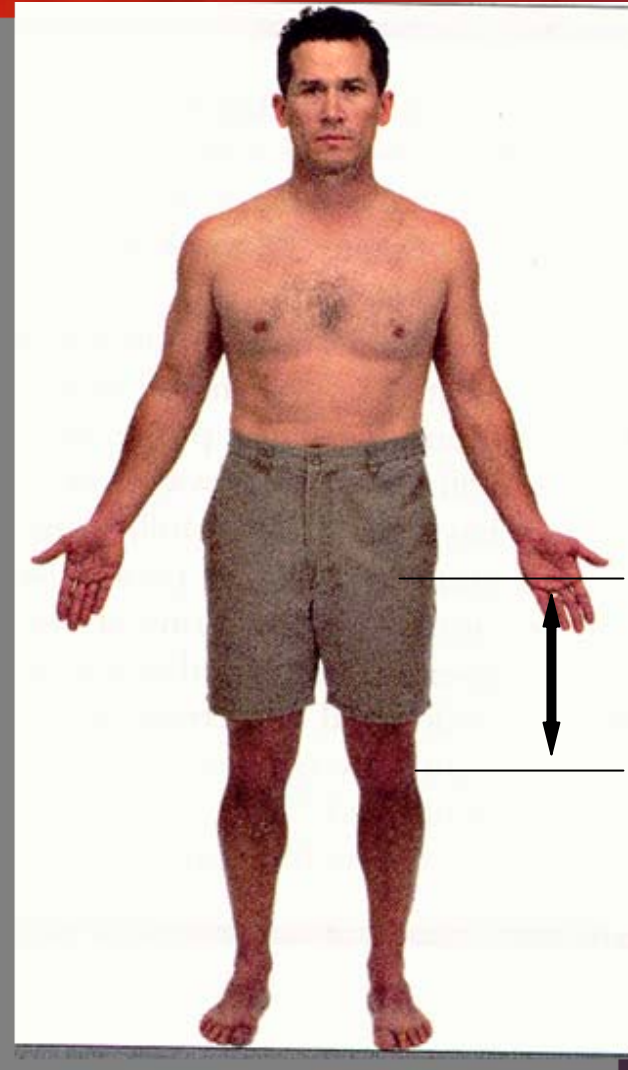


Pelvis:

- CLAPS-D
- TICS-D
- Stability in 3 planes

If any instability or crepitus is found, there should be no further assessment of the pelvis at any point

Rapid Body Assessment



Femurs:

- CLAPS-D

- TICS-D

DNA

Conclude Primary Assessment



- Blanket
- Environmental Protection
- Oxygen

LIFE THREATENING INJURIES SHOULD HAVE BEEN TREATED AS SOON AS THEY WERE FOUND

Summary

In this module we have discussed and/or practiced:

- A rapid method for scene size-up
- A method for rapid identification of life threats
- The difference between mechanism of injury or nature of illness
- Primary assessment - ABCs and 'Neck to Knees'
- The treatment of life threats as they are found

Any Questions ?

