

## Patient Interview/Assessment and General Event Flow

### On scene/scene survey

- BSI precautions (PPE)
- Scene safety
- Additional resources
- Number of patients
- Type of patient(s), medical or trauma. If trauma determine need for cervical spine precautions

### Pre-contact impressions

- What is the nature of the event (trauma, (example-vehicle accident) or medical (example-seizure) or both (example-vehicle accident with seizure))
- Visual impressions of the patient
  - Conscious/unconscious
  - ABC's
  - Skin signs
  - "Big sick/little sick"

### Initial Patient Contact

- Conscious patient
  - If trauma is suspected take initial c-spine precautions while making introduction
  - Introduce yourself and let the patient know:
    - Who you are (your name, "Hi, my name is \_\_\_\_\_.")
    - Your position ("I'm an EMT," or "I'm an emergency medical technician," or a phrase that will denote your competence, credibility and authority.)
    - Why you are with the patient ("I'm here to help," and/or, "you called us today," etc.)
  - Obtain chief complaint ("Why did you call us today?" "How can we help you today?" "What happened?" Etc.)
  - Update General Impression ("Big sick/little sick.")
  - Conscious patient intro example: "Hi, my name is \_\_\_\_\_, I'm an EMT-medical and I'm here to help you. Can you tell me why you called us? OK. I'm going to ask you a few basic questions so that we can continue to help you."
  - Level of Consciousness (LOC)
    - Person, place, time and purpose or event
  - Start SAMPLE and physical exam
  - Prepare for transport (NOTE: Criteria for immediate transport ("load and go") are unconscious patient, uncontrolled bleeding, complications of childbirth and severe spinal injuries.)
  - **Treat patient as indicated during interview/assessment process**

## Patient Interview/Assessment and General Event Flow

### Initial Patient Contact

- Unconscious patient
  - ABC's
  - LOC (AVPU)
  - If trauma is suspected take initial c-spine precautions
  - Determine chief complaint if possible
  - Introduce yourself to bystanders, family members, etc if appropriate, and let them know:
    - Who you are (your name)
    - Your position (I'm an EMT or I'm an emergency medical technician or a phrase that will denote your competence, credibility and authority.)
    - Why you are with the patient ("I'm here to help," and/or, "someone called us today," etc.)
    - Did you see (the patient) lose consciousness? And person, place, time and purpose or event if possible.
  - Unconscious patient intro example: *"My name is \_\_\_\_\_, I'm an EMT-medic and I'm here to help. Did anyone see what happened? Does anyone know this person? Are you a family member? Do you know anything about this person's medical history? OK. Please tell me what you know so we can help."*
  - Update General Impression ("Big sick/little sick.")
  - Prepare for transport (Criteria for immediate transport ("load and go") are unconscious patient, uncontrolled bleeding, complications of childbirth and severe spinal injuries.)
  - Start SAMPLE, physical exam and look for medical alert bracelets or medallions
  - **Treat patient as indicated during interview/assessment process**

### SRT Actions

The lead EMT is the primary authority and will be responsible for patient contact, obtaining information from the patient, and for directing the SRT. Typical assignments taken by SRT members and usually not by the lead EMT will include:

- Vital signs
- Documentation - Fill in the Transfer of Care worksheet by recording pertinent information in all data fields including time of action for 02 administration, all vital signs, etc. Documenter will also prepare the Refusal of Service information sheet (AMA) but the lead EMT will present it to the patient.
- Airway management – Prepare 02 administration as directed by the lead EMT.
- Trauma management – Prepare c-spine precautions, back boarding and strapping as directed by the lead EMT.
- Communications – Interface with incoming ALS personnel and/or other contacts as needed. (Dispatch, hospital, law enforcement, fire personnel, etc.)

## **Patient Interview/Assessment and General Event Flow**

### Patient Report

When relieved by a higher medical authority or when transferring care, the lead EMT will give a full report on the patient to include:

- patient's age
- gender
- what happened and chief complaint
- actions taken by the SRT
- SAMPLE information as necessary.

### Report Examples

#1 (Medical patient) – “We were presented with a 59 year old female who’s chief complaint is dizziness, and who said she was, “feeling faint.” Patient has a history of low blood pressure and is currently seeing a doctor for it. She wasn’t doing anything unusual when the episode occurred. Patient states that she has no allergies that she is aware of. We took a full set of vitals and her blood pressure was 110/60 at 1015. We administered high flow O2 through a non-rebreather mask at 15 liters per minute. We gathered the patient’s medications and put them in this ziplock baggie for you. Patient ate a normal breakfast and is not feeling nauseous. She agrees that it would be best for her to be transported to the hospital and be seen by a doctor. Full documentation is on the transfer of care worksheet. We’re ready to help you load the patient for transport.

#2 (Trauma patient) –We arrived on scene of a single vehicle accident; a car hit this telephone pole head on. We have one patient, the driver. There was no airbag deployment and he wasn’t wearing a seat belt. He’s unconscious and breathing, and has traumatic injuries to the head from hitting the windshield, and the chest from impacting the steering wheel. We’ve taken full c-spine precautions. Patient is immobilized on a back board and packaged for immediate transport. Patients pulse is weak and thready at 140 beats per minute. Breathing is shallow and rapid. We are assisting with respirations through a BVM on high flow O2 at 15 liters per minute. Full documentation is on the transfer of care worksheet. We’re ready to help you load the patient for transport.