

# PATIENT ASSESSMENT

HOUGHTON & KEWEENAW COUNTIES MEDICAL CONTROL AUTHORITY  
COPPER COUNTRY EMS CONFERENCE 2016

| VITAL SIGNS    |                  |                    |         |             |           |
|----------------|------------------|--------------------|---------|-------------|-----------|
| AGE            | BP SYSTOLIC      | BP-DIASTOLIC       | PULSE   | RESPIRATION | TEMP (°F) |
| Adult          | ≤ 120            | ≤ 80               | 60-100  | 12-20       | 98.6      |
| 13-18 years    | Avg 114 (88-140) | Avg 76             | 55-105  | 20-30       | 98.6      |
| 6 - 12 years   | Avg 105 (80-122) | Avg 69             | 70-110  | 20-30       | 98.6      |
| 3-5 years      | Avg 99 (78-104)  | Avg 65             | 80-120  | 20-30       | 98.6      |
| 1-2 years      | 70-110           | Appx. 2/3 systolic | 80-130  | 20-30       | 98.9      |
| Birth - 1 year | 70-90            | Appx. 2/3 systolic | 140-160 | 30-40       | 99.0      |

**SP02** Normal: >96% • Hypoxic: 91-96% • Severe Hypoxic: <91%

| CPR                              |          |          |                    |   |                                       |
|----------------------------------|----------|----------|--------------------|---|---------------------------------------|
|                                  | 1-PERSON | 2-PERSON | RATE/DEPTH         | COMBITUBE                                     | AED                                   |
| <b>ADULT &amp; ADOLESCENTS</b>   | 30:2     | 30:2     | 100-120 / 2 - 2.4" | 6 seconds<br><5ft small adult<br>>5ft regular | Adult Pads                            |
| <b>CHILD (AGE 1 TO PUBERTY)</b>  | 30:2     | 15:2     | 100-120 / 2"       | n/a   | Pediatric Pads <55lbs or <8 years old |
| <b>INFANT (LESS THAN 1 YEAR)</b> | 30:2     | 15:2     | 100-120 / 1.5"     | n/a   | Pediatric Pads                        |

**ALTERED MENTAL STATUS/KNOWN DIABETIC**

MFR - 1) For a known diabetic, consider small amounts of oral glucose paste, buccal or sublingual.  
EMT - 2) If the patient is alert but demonstrating signs of hypoglycemia, measure glucose level, if available.  
a) If less than 60 mg/dl administer oral high caloric fluid.  
3) If patient is not alert or vital signs are unstable:  
a) Evaluate and maintain airway, provide oxygenation and support ventilations as needed.  
b) If no suspected spinal injury, place the patient on either side.

**ALTERED MENTAL STATUS/SUSPECTED OPIATE OVERDOSE**

1) Naloxone (Narcan) Pre-filled 2mg IN via Atomizer  
a) Adults/youth over 5 years: 2ml (full pre-filled syringe) total dose - half syringe (1 ml) each nostril  
b) Children 5 or under: 1ml (half of pre-filled syringe) total dose - quarter syringe (0.5ml) each nostril

**ALTERED MENTAL STATUS/CONCUSSION ASSESSMENT**

- 1) What happened prior to injury/What do you remember prior to injury?
- 2) Do you remember the injury/describe what happened?
- 3) Was there loss of consciousness? seizure? convulsive activity? loss of balance?
- 4) What month? Day? City? Where are you? Event/Venue?
- 5) Repeat 3 words (table, dog, green).
- 6) Months in reverse order (Jun-May-Apr-Mar-Feb-Jan-Dec-Nov-Oct-Sep-Aug-Jul).
- 7) Digits Backwards: 5-2-8 / 6-2-9-4 / 8-3-2-7-9 / 7-3-9-1-4-2.
- 8) Check: speech, eye motion & pupil response, pronator drift, gait, assess balance.
- 9) Ask to repeat 3 words from #4

**CHEST PAIN/ANGINA**

MFR - 1) Administer O2 4 lpm via NC. If evidence of respiratory distress administer O2 via NRB.  
2) Assist patient in the use of their own aspirin, chew and swallow if no aspirin within 24 hours.  
EMT - 3) Administer up to 324 mg if available / chew and swallow if no aspirin within 24 hours.  
4) Inquire of all patients (male and female) if they have taken Viagra (sildenafil citrate) or similar erectile dysfunction medications in the last 48 hours. If yes, DO NOT ADMINISTER NITROGLYCERIN.  
5) Assist patient in use of their own Nitroglycerin sublingual tabs (check expiration date) if available and if the patient's systolic BP is above 120 mmHg, for a maximum of 3 doses.

**RESPIRATORY DISTRESS**  
**WHEEZING, DIMINISHED BREATH SOUNDS (ASTHMA, COPD)**

MFR - 1) Assist the patient in using their own Albuterol Inhaler, if available.  
EMT - 2) Administer Albuterol if available. Refer to Nebulized Bronchodilators Procedure.  
a) Obtain vital signs and lung sounds.  
b) Albuterol 2.5mg/3ml NS nebulized.  
c) Set the oxygen liter flow at 6-7 lpm.  
d) Instruct patient to breathe normally in mouthpiece, taking deep inspiration every 4-5 breaths.  
e) Obtain and record another set of vital signs and lung sounds after completion of the treatment.  
3) Administer Epi-Pen (0.3 mg) in patients with impending respiratory failure.

**MEDICATION ADMINISTRATION**  
Patient - Medication - Dosage - Route - Time (do not administer if known allergy)

| LUNG SOUNDS     |  |
|-----------------|--|
| TYPE            | DESCRIPTION  |
| Stridor         | High-pitched wheezing sound, more common during inspiration                          |
| Rales/ Crackles | Crackling, rattling, or popping noises, more common during inspiration               |
| Wheezes         | High-pitched similar to squeak, more common during expiration                        |
| Rhonchi         | Low-pitched gurgling, snoring, or rattle-like quality, more common during expiration |

| GLASCOW COMA SCALE |               |                |                      |
|--------------------|---------------|----------------|----------------------|
|                    | EYES          | VERBAL         | MOTOR                |
| 1                  | None          | None           | None                 |
| 2                  | To Pain       | Unintelligible | Extension Posture    |
| 3                  | To Command    | Inappropriate  | Flexion Posture      |
| 4                  | Spontaneously | Disordered     | Flexion & Withdrawal |
| 5                  | -             | Oriented       | Localizes Pain       |
| 6                  | -             | -              | Obeys Commands       |

| APGAR SCORE  |               |                                       |                            |
|--------------|---------------|---------------------------------------|----------------------------|
| SIGNS        | 0             | 1                                     | 2                          |
| Appearance   | Blue all over | Blue extremities; pink trunk          | Pink all over              |
| Pulse        | 0             | <100                                  | >100                       |
| Grimace      | None          | Facial grimace                        | Cough, sneeze, or cry      |
| Activity     | None          | Slight                                | Moving normally            |
| Respirations | None          | Slow or irregular breathing; weak cry | Good breathing; strong cry |

**A**lert  
**V**erbal  
**P**ain  
**U**nresponsive

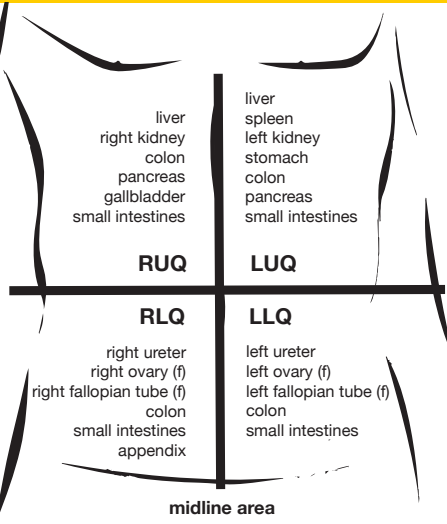
**S**ymptoms  
**A**llergies  
**M**edications  
**P**ertinent history  
**L**ast meal  
**E**vent leading up to the injury or illness

**D**eformity  
**C**ontusion  
**A**brasion  
**P**enetration  
**B**urn  
**T**enderness  
**L**aceration  
**S**welling

**O**nset of event  
**P**rovocation  
**Q**uality of pain  
**R**egion/radiate  
**S**everity  
**T**ime

| IMPORTANT NUMBERS    |              |
|----------------------|--------------|
| Poison Control       | 800-222-1222 |
| Suicide Hot-line     | 800-273-8255 |
| Mercy EMS            | 906-482-0932 |
| UP Health Portage ED | 906-483-1000 |
| Aspirus Keweenaw ED  | 906-337-6500 |
| Station 80           | 866-411-0018 |

# ABDOMINAL QUADRANTS



## COMMON CAUSES OF ABDOMINAL PAIN

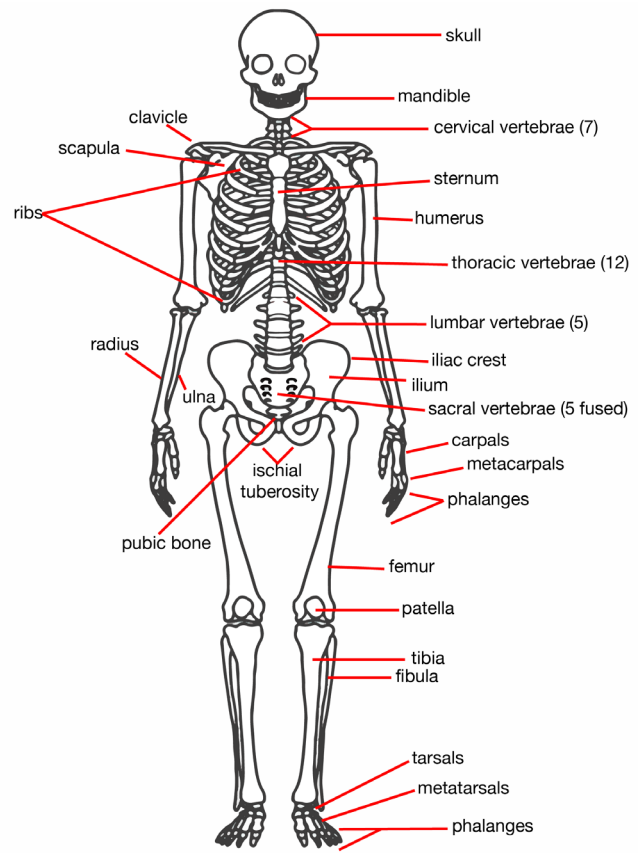
**RUQ:** gall stones, hepatitis, liver disease, pancreatitis, appendicitis, perforated duodenal ulcer, acute myocardial infarction, pneumonia

**LUQ:** gastritis, pancreatitis, acute myocardial infarction, pneumonia

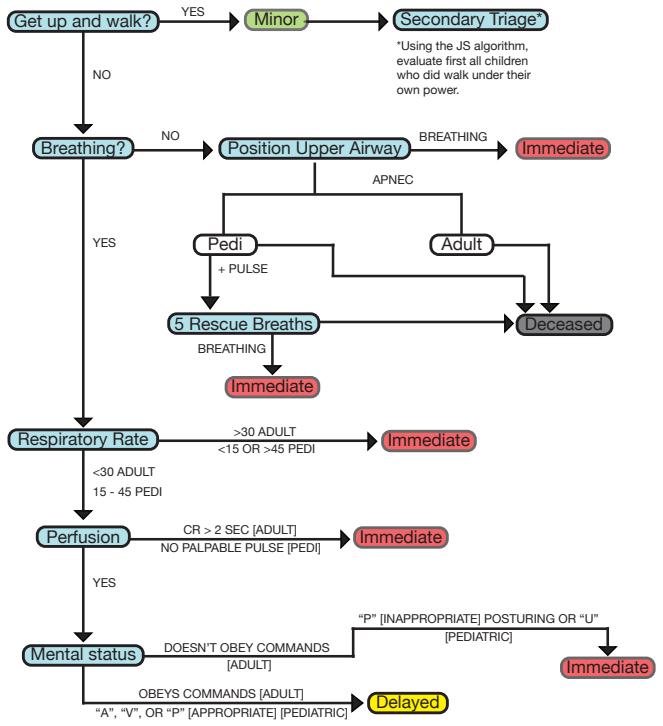
**RLQ:** appendicitis, ruptured ectopic pregnancy, enteritis, diverticulitis, pelvic inflammatory disease, ovarian cyst, kidney stones, abdominal abscess, strangulated hernia

**LLQ:** ruptured ectopic pregnancy, enteritis, diverticulitis, pelvic inflammatory disease, ovarian cyst, kidney stones, abdominal abscess, strangulated hernia

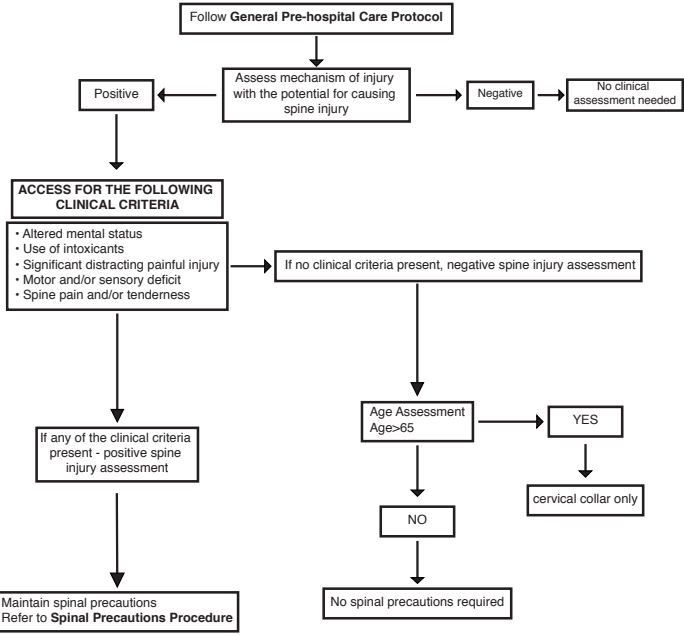
# SKELETAL STRUCTURE



# START/JUMPSTART TRIAGE



# SPINAL INJURY ASSESSMENT



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