

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**General Patient Assessment &
Initial Care Procedure**

Scene Size-Up

1. Initiate body substance isolation (BSI) precautions prior to arrival at the scene for all patient contacts. Apply appropriate personal protective equipment (PPE). Use special care in the handling of sharps, contaminated objects, linens, etc.
2. Assure the well-being of the EMS crew by assessing **scene safety**. If the scene is not safe, do not enter until appropriate authorities have secured the area (i.e. violent crime calls, domestic violence calls, hazardous materials, etc.).
3. Determine the mechanism of injury, number of patients and need for additional resources.

General Patient Assessment

1. Initial Assessment (Primary Survey)
 - a) Airway: Assess airway patency and assess for possible spinal injury.
 - b) Breathing: Assess for respiratory distress, bilateral chest expansion, rate, pattern & depth of ventilations, adequacy of gas exchange, use of accessory muscles and lung sounds.
 - c) Circulation: Assess rate, quality & regularity of pulses, skin condition, hemodynamic status, and neck veins. Evaluate and record cardiac rhythm if indicated.
 - d) Disability: Mini-neuro exam to include brief pupil check and assessment of mental status:
 - A – Alert
 - V – Not alert but responds to verbal stimuli
 - P – Not alert but responds to painful stimuli
 - U – Unresponsive to all stimuli
 - e) Expose: Examine patient as indicated.

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General Patient Assessment (continued)

2. Focused History and Physical Exam (Secondary Survey)
or Detailed Physical Exam
 - a) Vitals signs and Glasgow Coma Score
 - b) Chief complaint and history of present illness
 - c) Past medical history, current medications and allergies
 - d) Systematic head-to-toe assessment (detailed exam/secondary survey)

Initial Medical Care

1. **Airway:** Establish and maintain a patient's airway by using appropriate patient positioning, airway adjuncts, suctioning and advanced airway control (intubation).
2. **Breathing:** Evaluate adequacy of respirations by assessing chest movement, lung sounds and skin condition. Initiate oxygen therapy if indicated and provide or assist ventilations as necessary.
3. **Circulation:** Evaluate perfusion status by assessing carotid and peripheral pulses and skin condition. Initiate CPR and early defibrillation if indicated. Control any external hemorrhage and establish IV access of .9% Normal Saline if indicated. No more than two (2) attempts should be made to establish an IV on scene unless requested by Medical Control.
4. Loosen tight clothing and reassure patient; keep NPO (nothing by mouth) unless specified by SOP or Medical Control.

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Initial Medical Care (continued)

5. BLS/ILS Units: Initiate ALS intercept if indicated (Refer to *Requesting Advanced Assistance for Optimal Patient Care*).
6. Place the patient in a semi-Fowler's (45°) position of comfort unless contraindicated. Patients with altered mental status should be placed on their side. The backboard should be tilted for immobilized patients with altered mental status to prevent aspiration.
7. Evaluate pain. Ask the patient to rate any pain on a scale of "0-10" with "0" indicating a pain-free state and "10" being the worst pain imaginable.
8. Recheck and record vital signs and patient responses at least every **15 minutes** for stable patients, every **5 minutes** for critical patients and after each intervention. Be sure to accurately document the times the vitals were obtained.
9. Establish Medical Control contact as indicated.
10. Transport to the closest appropriate hospital. NOTE: Follow System-specific policies regarding patient destination and bypass procedures.