

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**Patient Assessment Process &
Goals of Patient Care**

The goal of the patient assessment process is to measure the status of the patient's perfusion, identify life-threatening conditions, determine the patient's chief complaint and/or mechanism of injury, evaluate the complaint (OPQRST) and obtain a (SAMPLE) history.

The components of the patient assessment process include the scene survey, initial assessment (ABCs) and rapid trauma assessment or detailed physical exam. A focused physical exam may be conducted if the general impression of the patient's condition appears to be of a specific nature.

The EMS provider must constantly monitor the patient's perfusion status. Perfusion is defined as the adequate flow of blood through the body's tissues. For perfusion to be adequate the patient must have an adequate blood volume (with adequate supplies of oxygen and glucose), a properly functioning cardiovascular system and an intact neurological system for regulation of vascular dilation. Failure of the body to maintain adequate perfusion will result in signs and symptoms of shock.

Signs and symptoms of shock vary depending on the degree and cause of shock. Level of consciousness is an important assessment of the patient's vital organ perfusion status. A patient with an altered level of consciousness must be considered at risk of shock. Peripheral tissue condition is another important indicator of perfusion status. A patient with cool, clammy, pale or cyanotic skin should be considered at risk for shock.

If the patient is found to be in shock, the assessment process should be directed at finding the cause of shock, immediate interventions to support perfusion and prompt transport. Conversely, if the mechanism of injury or assessment findings suggests that the patient may have a condition that could result in shock, EMS personnel should carefully assess the patient's perfusion status and prepare to treat shock.

The goal of patient care is to identify patients in shock or at risk of shock, initiating care that will directly assist maintaining the patient's perfusion and safely transporting the patient to an emergency department or trauma center in a timely manner.

The EMS provider must maintain a constant awareness as to what would be the best course of action for optimum and compassionate patient care. The benefit of remaining on scene to establish specific treatments versus prompt transport to a definitive care facility should be a consideration of each patient contact.

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Notes on Shock

<u>Mechanism</u>	<u>Medical</u>	<u>Traumatic</u>
Hypovolemia	Blood Loss – Internal Bleeding Fluid Loss – Dehydration	Blood Loss – Trauma Fluid Loss – Burns
Cardiogenic (Pump failure)	Dysrhythmia Myocardial Infarction Congestive Heart Failure Pulmonary Embolism	Chest Trauma Tension Pneumothorax Pericardial Tamponade
Vessel Failure	Vasovagal Response Anaphylaxis Sepsis Endocrine Dysfunction Chemical/Poisoning	Spinal Cord Injury (Neurogenic)