NOR-CAL EMS	05-0907	Skills: EMT - Medical Assessment

Nor-Cal EMS Policy & Procedure Manual	BLS/ALS Protocols
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Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR	SIGNATURE ON FILE

Authority: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

Provider Name: Provider's Signature:	Cert #: Provider Agency:
Validator's Name: Validator's Signature:	Date:

PERFORMANCE CRITERIA	MET (Initials)	NOT MET (Initials)	COMMENTS
Overall scene assessment: 1. Scene Safety, personal safety. Note: position patient found and level of distress. 2. Circumstances of event, who called?			
3. Introduce yourself.			
Primary Survey: (must complete within 60 seconds)			
1. Evaluate level of responsiveness.			
2. Assess patency of airway, while initiating full spinal precautions. A. Need for intervention?			
3. Assess quality of breathing (must state 3): present or absent (identify). A. Rate. B. Effort. C. Depth. 4. Need for intervention?			
5. Assess perfusion: (must state 3): A. Pulse. B. Quality. C. Location. D. Signs of bleeding or history of blood loss. E. Skin signs. F. Cap refill.			
6. Need for intervention?			
7. States priority of patient for transport.			
Secondary Survey: (must complete within 10 minutes):			
1. Determine chief complaint (asks minimum of 3): A. What happened? B. When did it happen? C. Level of pain? PQRST D. Do you hurt anywhere else?			
2. Patient information (ask minimum of 4): A. Age. B. Allergies. C. Medications. D. Past medical history. E. Last oral intake. F. Events leading to incident.			

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3. Obtain baseline vital signs. A. Respiratory rate. B. Pulse. C. Blood pressure. D. Level of pain. E. Temperature.			
4. Neuro exam (must assess all 4): A. Eye opening. B. Verbal response. C. Motor response. D. Pupillary response to light. E. Is this a change from patient's normal behavior? F. Glucose/BGL (if indicated).			
5. Visualize and palpate head/face: A. Symmetry. B. Assess mucous membranes.			
6. Visualize and palpate neck: A. Accessory muscle use with breathing. B. Neck vein distention. C. Medic alert tag.			
7. Visualize and palpate chest: A. Accessory muscle use. B. Equality of chest rise. C. Presence of scars or pacemaker.			
8. Auscultate breath sounds.			
9. Visualize and palpate abdomen: A. Accessory muscle use. B. Distention, rigidity, masses. C. Presence or absence of scars.			
10. Assess for presence or absence of incontinence A. Note presence or absence of bleeding.			
11. Visualize and palpate lower extremities: A. Presence of absence of edema. B. Capillary refill/equality of pedal pulses. C. Equality and strength of movement. D. Sensation, presence of absence of numbness or tingling.			
12. Visualize and palpate upper extremities: A. Capillary refill/equality of radial pulses. B. Sensation, presence or absence of numbness or tingling. C. Equality and strength of grips. D. Medic alert tag. E. Wounds/track marks.			
13. Visualize and palpate back: A. Presence or absence of pain.			
14. Obtain second set of vital signs and compare to baseline.			