| NOR-CAL EMS | 05-0906 | Skills: EMT - Patient Assessment - Trauma |
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| Nor-Cal EMS Policy & Procedure Manual | BLS/ALS Protocols |
| Effective Date: 10/01/2020 | Next Revision: 10/01/2023 |
| 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.

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| Provider Name:<br>Provider's Signature: | Cert #:<br>Provider Agency: |
| Validator's Name:<br>Validator's Signature: | Date: |

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

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|---|---|---|---|
| 4. Neuro exam (must assess all 4):<br>A. eye opening.<br>B. verbal response.<br>C. motor response.<br>D. pupillary response to light. | | | |
| 5. Visualize and palpate head/face: (must state 3):<br>A. Lacerations/abrasions.<br>B. Bruising/hematomas.<br>C. Drainage from ears, nose & mouth).<br>D. Mouth (teeth & tongue).<br>E. Deformity/tenderness.<br>F. Eyes. | | | |
| 6. Palpate c-spine for pain and deformity. | | | |
| 7. Visualize and palpate neck (must state 3):<br>A. Tracheal deviation.<br>B. Equality of carotid pulses.<br>C. Accessory muscle use.<br>D. Neck vein distention.<br>E. Medic alert tag.<br>F. Deformity/tenderness. | | | |
| 8. Visualize and palpate chest (clavicles, sternum, rib cage) (must state 3):<br>A. Equality of chest rise.<br>B. Bruising/abrasions/scars.<br>C. Deformity/tenderness/crepitus.<br>D. Accessory muscle use.<br>E. Penetrating wounds/objects. | | | |
| 9. Auscultate breath sounds. | | | |
| 10. Visualize and palpate abdomen (must state 3):<br>A. Bruising/abrasions/or scars.<br>B. Active bleeding.<br>C. Penetrating wounds/objects.<br>D. Deformity/tenderness.<br>E. Accessory muscle use.<br>F. Distention, rigidity, masses. | | | |
| 11. Visualize and palpate pelvis (must state 3):<br>A. Incontinence.<br>B. Tenderness/crepitus.<br>C. Wounds. | | | |
| 12. Visualize and palpate lower extremities (must state 3):<br>A. Deformity/tenderness.<br>B. Wounds/edema.<br>C. Capillary refill/equality of pedal pulses.<br>D. Sensation/movement. | | | |
| 13. Visualize and palpate upper extremities (must state 3):<br>A. Deformity/tenderness.<br>B. Wounds/track marks.<br>C. Capillary refill/equality of radial pulses.<br>D. Sensation/movement.<br>E. Medic alert tag. | | | |
| 14. Visualize and palpate back (log roll patient (must state 3):<br>A. Wounds/deformity.<br>B. Tenderness.<br>C. Foreign objects. | | | |
| 15. Obtain second set of vital signs and compare to baseline. | | | |