

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic, EMT – Intermediate, EMT – Paramedic**

SMO: Initial Patient Assessment

Revised Date:

Overview: An Initial assessment needs to be completed on all patients to identify and immediately correct any life-threatening problems.

SCENE SIZE-UP/GLOBAL ASSESSMENT

- Recognize hazards, ensure safety of scene and secure a safe area for treatment
- Apply appropriate universal body/substance isolation precautions
- Recognize hazards to patient and protect from further injury
- Identify number of patients and resources needed
- Call for EMS and /or law enforcement back-up if appropriate
- Initiate Incident Command Structure System(ICS) if appropriate
- Initiate Triage System if appropriate
- Observe position of patient
- Determine mechanism of injury
- Plan strategy to protect evidence at potential crime scene

GENERAL IMPRESSION

- Check for life-threatening conditions
- AVPU (A=alert, V=responds to verbal stimuli, P=responds to painful stimuli, U=unresponsive)
- Determine chief complaint or mechanism of injury

AIRWAY (A)

- Ensure open airway
- Protect spine from unnecessary movement in patients at risk for spinal injury
- Ensuring airway patency supersedes spinal immobilization
- Look and listen for evidence of upper airway problems and potential obstructions
 - Vomitus
 - Bleeding
 - Loose or missing teeth
 - Dentures
 - Facial trauma
- Utilize any appropriate adjuncts as indicated to maintain airway

BREATHING (B)

- Look, listen, and feel assessing ventilation and oxygenation
- Expose chest and observe chest wall movement if necessary
- Determine approximate rate, depth, and work of breathing
- Reassess mental status
- Obtain pulse oximetry reading if available
- Intervention for inadequate ventilation and/or oxygenation:
 - Pocket mask BVM
 - Supplementary oxygen
 - Appropriate airway adjunct (oropharyngeal/ nasal)
 - Advance airway management if indicated after bag-valve- mask ventilation

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

CIRCULATION (C)

- Check for pulse and begin CPR if necessary
Note: defibrillation should not be delayed for CPR; if defibrillator is present and operator is qualified, use it to check patient for a shockable rhythm
- Palpate radial pulse if appropriate: absence or presence; quality(strong/weak); rate(slow, normal, or fast); regularity
- Control life-threatening hemorrhage with direct pressure
- Assess skin for signs of Hypoperfusion or hypoxia
- Reassess mental status for signs of Hypoperfusion
- Treat Hypoperfusion if appropriate

LEVEL OF CONSCIOUSNESS & DISABILITIES (D)

- Determine need for C-Spine stabilization
- Determine GLASCOW COMA SCALE(GCS) SCORE (see Appendix):

EXPOSE, EXAMINE & EVALUATE (E)

- In situations with suspected life-threatening trauma mechanism, a Rapid Trauma Assessment should be performed
- Expose head, trunk, and extremities
- Head to toe for DCAP-BTLS (see Note section of Focused Assessment Protocol)
- Treat any newly discovered life-threatening wounds as appropriate
- Assist patient with medications if appropriate

Documentation of adherence to protocols:

- Findings of initial assessment, eg alert, oriented, and verbalizing; unresponsive to painful stimuli, airway maintained with Oropharyngeal airway, qualities of pulses, GCS, mechanism of injury, pulse oximetry, etc
- Any deviation from assessment and explanation of why.
- Interventions for critical situations