NREMT EMT · PATIENT ASSESSMENT / MANAGEMENT

TRAUMA

10 minutes to a transport decision · **42 points**

Sequence follows the NREMT EMT psychomotor sheet (e201/10-16)

1 SCENE SIZE-UP — 6 pts

- **PPE** taken or verbalized
- **Scene/situation safe** before you commit
- **MOI / NOI** determined
- **Number of patients**
- **Additional resources**: ALS, fire, law, air
- **Consider spinal stabilization** (manual in-line) per MOI

2 PRIMARY SURVEY / RESUSCITATION — 14 pts

- **General impression**: age, sex, sick or not sick
- **LOC** (AVPU)
- **Chief complaint / apparent life threats**

AIRWAY

- Open and assess (jaw thrust if spine concern)
- Adjunct as indicated: OPA or NPA

BREATHING

- Assess rate, depth, effort
- Assure adequate ventilation (BVM)
- Appropriate O_2 therapy
- Manage chest injuries (occlusive dressing)

CIRCULATION

- **Assess and control major bleeding**
- Pulse: rate and quality
- Skin: color, temp, condition
- Shock care: supine, keep warm

DECISION

- **Patient priority + transport decision** (calculated GCS)

STREET ORDER: X-ABC

Massive bleeding gets controlled before the airway (PHTLS, TCCC). On the exam, verbalize it the moment you find it.

3 HISTORY TAKING — 1 pt

S Signs and symptoms
A Allergies
M Medications **(blood thinners?)**
P Past pertinent history
L Last oral intake
E Events leading up

4 SECONDARY ASSESSMENT — 18 pts

DCAP-BTLS: Deformities, Contusions, Abrasions, Punctures, Burns, Tenderness, Lacerations, Swelling

Head	Scalp, ears · eyes (PERRL) · mouth, nose, face
Neck	Trachea · JVD · palpate C-spine, then collar
Chest	Inspect · palpate · auscultate
Abd / Pelvis	Abdomen · pelvis (gently, once) · genitalia/perineum as needed
Legs, arms	Each limb: inspect, palpate, PMS
Posterior	Thorax · lumbar · buttocks (log roll)

5 VITALS, WOUNDS + REASSESSMENT — 3 pts

- Baseline vitals: BP, pulse, respirations (add SpO_2)
- Manage secondary injuries and wounds
- Repeat primary, vitals, interventions: **unstable every 5 min** · stable every 15

GLASGOW COMA SCALE — 8 or less: airway

EYES		VERBAL		MOTOR	
4	Spontaneous	5	Oriented	6	Obeys
3	To sound	4	Confused	5	Localizes
2	To pressure	3	Words	4	Withdraws
1	None	2	Sounds	3	Abn. flexion
		1	None	2	Extension
				1	None

AUTOMATIC FAILS

- No transport decision within 10 min
- No PPE · scene safety not determined
- No spinal protection when indicated
- No high-concentration O_2 · ventilation not assured
- Missed airway, breathing, bleeding, or shock problem
- Other assessment before the ABCs
- Wrong call on load-and-go vs. stay
- Dangerous intervention · unprofessional affect

NREMT EMT · PATIENT ASSESSMENT / MANAGEMENT

MEDICAL

15 minutes to a transport decision · **42 points**

Sequence follows the NREMT EMT psychomotor sheet (e202/10-16)

1 SCENE SIZE-UP — 6 pts

- **PPE** taken or verbalized
- **Scene/situation safe** before you commit
- **MOI / NOI** determined
- **Number of patients**
- **Additional resources**: ALS, fire, law, air
- **Consider spinal stabilization** (manual in-line) per MOI

2 PRIMARY SURVEY / RESUSCITATION — 10 pts

- **General impression**: age, sex, sick or not sick
- **LOC** (AVPU)
- **Chief complaint / apparent life threats**

AIRWAY + BREATHING

- Assess airway and breathing
- Assure adequate ventilation
- Appropriate O_2 therapy

CIRCULATION

- Assess and control major bleeding
- Pulse
- Skin: color, temp, condition

DECISION

- **Patient priority + transport decision**

3 HISTORY TAKING — 13 pts

HPI: OPQRST

O Onset: sudden or gradual?
P Provocation: better or worse with?
Q Quality: sharp, dull, pressure?
R Radiation / region
S Severity: 0 to 10
T Time: when did it start?

+ **Clarifying questions** on associated symptoms (2 pts)

PAST MEDICAL HISTORY: SAMPLE

A Allergies
M Medications
P Past pertinent history
L Last oral intake
E Events leading to present illness

4 SECONDARY ASSESSMENT — 5 pts

Focus on the **affected body part or system**:

Cardio	Pulses, JVD, edema, skin
Pulmonary	Work of breathing, lung sounds
Neuro	Mental status, pupils, BE-FAST, glucose
Skin	Rash, hives, wounds, temp
Repro	LMP, pregnancy, bleeding
MSK	Pain, deformity, PMS
GI / GU	Abdomen, N/V/D, urine
Psych	Behavior, SI/HI, safety

5 VITAL SIGNS — 4 pts

- Blood pressure · Pulse
- Respiratory rate **and** quality
- Add SpO_2, glucose as indicated

6 IMPRESSION + TREATMENT — 2 pts

- **State a field impression**
- **Verbalize interventions**: drug, dose, route, and why

7 REASSESSMENT + REPORT — 2 pts

- How and when to reassess for changes
- **Unstable: every 5 min** · Stable: every 15 min
- Verbal report to arriving unit: complaint, findings, vitals, treatment, response

ADULT NORMALS (RESTING)

HR 60 to 100 · RR 12 to 20 · SBP 90 to 140 · SpO_2 94%+ · Glucose 70 to 140

AUTOMATIC FAILS

- No transport decision within 15 min
- No PPE · scene not safe before approach
- No O_2 · ventilation not assured
- Missed ABC, bleeding, or shock problem
- Secondary exam before ABCs · wrong load-and-go call
- No accurate report · dangerous intervention · poor affect