



Standard Guide for Performance of Patient Assessment by the Emergency Medical Technician (Paramedic)¹

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1. Scope

1.1 This guide describes the patient assessment techniques to be used by the emergency medical technician (paramedic).

1.2 *This standard does not purport to address all of the safety problems, if any, associated with its use. It is the responsibility of the user of this standard to consult and establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:

F 1149 Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services²

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:* Description of Terms Specific to This Guide:

3.1.1 *patient assessment*—the identification of a patient's real or perceived problem(s) by means of the accumulation and evaluation of data from a primary assessment and a secondary assessment.

3.1.2 *pertinent patient information*—information obtained from all available resources that relate to the patient's condition and problems: this information is continuously updated and all information is recorded and reported.

3.1.3 *primary assessment*—the identification of a patient's real or perceived problem(s) by means of the accumulation and evaluation of data from a scene evaluation, a primary survey, and pertinent patient information.

3.1.4 *primary survey*—the rapid assessment and management of the patient's immediately life-threatening conditions.

3.1.5 *scene evaluation*—a rapid evaluation of the environment, conditions, and necessary resources.

3.1.6 *secondary assessment*—Identification of the patient's real or perceived problem(s) by means of documentation and evaluation of additional data from the secondary survey and pertinent patient information.

3.1.7 *secondary survey*—the methodical physical examina-

tion of the patient to evaluate conditions discovered during the primary survey and to find conditions not previously identified.

3.1.8 *chief complaint*—a subjective statement made by a patient describing the patient's symptoms or signs of illness or dysfunction.

3.1.9 *field diagnosis*—a statement of a health problem or of a potential problem in the patient's health status based on the findings of the primary and secondary assessment.

4. Significance and Use

4.1 This guide establishes the national standard for the performance of patient assessment by the emergency medical technician (paramedic).

4.2 This guide shall be used by those who supervise and train the emergency medical technician (paramedic) as the recommended way to perform patient assessment.

4.3 Every person who is identified as an emergency medical technician (paramedic) shall have been trained to this standard.

4.4 It is understood that the scope of medical practice is constantly evolving. Where this guide contains recommendations for the management of illnesses and injuries those recommendations are not intended to supersede the protocols and standing orders of the system medical director or on-line medical physician (see Practice F 1149).

4.5 This guide does not standardize the scope of clinical practice of the emergency medical technician (paramedic).

4.6 The patient examination and management steps outlined in this document are not necessarily in sequential order and they will often vary with the patient's age, size, location and condition.

5. Initial Approach to the Patient

5.1 The emergency medical technician (paramedic) shall identify himself and his training level to the patient and appropriate bystanders, identify the patient and obtain consent to treat the patient. The point in the assessment where this is done varies with patient condition, age and the environment.

6. Primary Assessment

6.1 Scene Evaluation:

6.1.1 While approaching the scene and the patient the emergency medical technician (paramedic) will assess the scene for hazards, number of patients, need for additional resources and then take appropriate action.

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² *Annual Book of ASTM Standards*, Vol 13.01.

6.1.2 While approaching the patient the emergency medical technician (paramedic) will assess the patient and the environment for clues relating to the mechanism of injury or illness.

6.2 Primary Survey:

6.2.1 Frequently repeated primary surveys are an essential and integral part of the complete care of the acutely ill or injured patient. This guide identifies the preferred sequence for patient primary assessment; however, it must be emphasized that much of the primary assessment is done simultaneously and not necessarily sequentially. The primary survey addresses:

- 6.2.1.1 Cervical spine stability,
- 6.2.1.2 Airway patency,
- 6.2.1.3 Adequacy of ventilations,
- 6.2.1.4 Adequacy of circulation,
- 6.2.1.5 Life-threatening external bleeding, and
- 6.2.1.6 Level of consciousness.

6.2.2 The primary survey shall be interrupted to manage immediately life-threatening problems.

6.2.3 Patients with life-threatening problems that cannot be adequately corrected, as identified in the primary survey, shall be immediately transported.

6.3 *Pertinent Patient Information*—Obtaining pertinent patient information shall be an ongoing process of collecting information from all available resources throughout the entire contact with the patient.

7. Secondary Assessment

7.1 *Secondary Survey*—The secondary survey should be performed following the completion of the primary assessment. The selection and sequence of the components are dictated by the patient's condition and existing circumstances. The components of the primary survey shall be monitored during the secondary assessment. The components of the secondary survey are:

7.1.1 Stabilization of the cervical spine as indicated until in-line immobilization can be performed.

7.1.2 Assessment for altered mental status.

7.1.3 Determination of vital signs:

7.1.3.1 Determine rate, rhythm and quality of the respirations.

7.1.3.2 Determine rate, regularity and quality of the pulse.

7.1.3.3 Measure blood pressure.

7.1.3.4 Assess electrical activity of the heart.

7.1.4 Examination of the head:

7.1.4.1 Inspect and palpate head for any signs of injury or other abnormalities.

7.1.4.2 Inspect for blood, fluid or foreign objects in ears, nose and mouth.

7.1.4.3 Examine the eyes for signs of injury or other abnormalities.

7.1.5 Examination of the skin-mucous membranes for any signs of injury or edema and for color, temperature, and moisture.

7.1.6 Inspection and palpation of the neck for any signs of injury or other abnormalities.

7.1.7 Examination of the chest:

7.1.7.1 Inspect and palpate the chest for any signs of injury or other abnormalities.

7.1.7.2 Assess breath sounds.

7.1.8 Inspection and palpation of the abdomen for any signs of injury or other abnormalities.

7.1.9 Assessment of integrity of the pelvis.

7.1.10 Examination of the perineal area:

7.1.10.1 Inspect perineal area for any signs of injury or other abnormalities.

7.1.10.2 Assess for any signs of impending birth, if indicated.

7.1.11 Examination of each extremity:

7.1.11.1 Inspect and palpate for any signs of injury or other abnormalities.

7.1.11.2 Assess peripheral circulation, movement and sensation.

7.1.12 Inspection and palpation of the back and buttocks for any signs of injury or other abnormalities.

7.2 *Pertinent patient information*—The collection of pertinent patient information is part of the secondary survey and includes the following components:

7.2.1 Identification of the chief complaint.

7.2.2 Collection of pertinent information about present illness or injury including current medications.

7.2.3 Collection of a pertinent past medical history, including allergies.

7.2.4 Discovery of any medical identification information.

7.2.5 Determination of the patient's age, sex and race.

7.3 *Emergency Transport*—Patients with life-threatening problems identified in the secondary survey shall be immediately transported.

8. Field Diagnosis and Management Plan

8.1 The emergency medical technician (paramedic) shall formulate a field diagnosis of the patient's problems and develop a plan to manage the patient's problems.

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