OBJECTIVES

11.1 Define key terms introduced in this chapter. Slides 11–12, 14, 19–21, 28

11.2 Explain the purpose of the primary assessment. Slides 11–13

continued
11.3 Discuss the difference in first steps to assessment if the patient is apparently lifeless (C-A-B approach) or if the patient has signs of life, including a pulse (A-B-C approach). Slides 11–13
11.4 Given several scenarios, do the following: form a general impression, determine the chief complaint, determine the patient’s mental status, assess the airway, assess breathing, assess circulation, determine the patient’s priority for transport. Slides 18–29
11.5 Recognize findings in the primary assessment that require immediate intervention. Slides 22, 27

continued
11.6 Differentiate the approach to the primary assessment based on the following: mechanism of injury/nature of the illness and level of responsiveness, patient’s age (adult, child, or infant). Slides 34–35
MULTIMEDIA

- Slide 31 Prehospital Patient Video
- Slide 32 Initial Assessment Procedures Video
CORE CONCEPTS

- Deciding on the approach to the primary assessment
- Manual stabilization of the head and neck
- The general impression
- Assessment of mental status using the AVPU scale
- The ABCs as part of the assessment process
- How to make a priority decision
Topics

• Primary Assessment
• Patient Characteristics and Primary Assessment
Primary Assessment
Approach to the Primary Assessment

- Focus on life threats
- Airway (A), breathing (B), circulation (C)
- May vary depending on
  - Patient’s condition
  - On the scene resources
  - Other

continued
Approach to the Primary Assessment

• Order of A-B-C depends on initial impression of patient
• Sequence will vary
  – A-B-C if patient has signs of life
  – C-A-B if patient appears lifeless, no pulse
  – Immediate interventions may be needed
Primary Assessment Steps

- Forming a general impression
- Assessing mental status
- Assessing airway
- Assessing breathing
- Assessing circulation
- Determining patient priority
General Impression

- Assesses environment, patient’s chief complaint, and appearance
- Helps determine patient severity
- Helps set priorities for care and transport
General Impression

- “Look Test”: feeling from environmental observations as well as first look at patient

continued
General Impression

• Findings that indicate critical patient
  – Altered mental status
  – Anxiety
  – Pale, sweaty skin
  – Obvious trauma to head, chest, abdomen, pelvis
  – Specific positions indicating distress

continued
General Impression

• Patients appearing lifeless
  – Resuscitate by beginning CPR compressions
  – Prepare AED as soon as possible
Forming a General Impression

- **Look**
  - Patient’s age, sex, and position
- **Listen**
  - Moaning, snoring, or gurgling respirations
- **Smell**
  - Fumes, urine, feces, vomitus, or decay
Chief Complaint

• Patient’s description of why EMS was called
• May be specific—“abdominal pain”
• May be vague—“not feeling good”
Assess Mental Status: AVPU

• Alert
  – Document orientation to person, place, and time
• Verbal response
• Painful response
• Unresponsive
Assess ABCs

- Order of primary assessment will vary depending on patient’s condition
- Airway
- Breathing
- Circulation
Airway

- If airway is not open or is endangered, take measures to open
Breathing

• Situations calling for breathing assistance
  – Respiratory arrest
  – Not alert, inadequate breathing
  – Some alertness, inadequate breathing
  – Adequate breathing, but signs suggesting respiratory distress or hypoxia
Circulation

- Assess pulse
- Assess skin
- Assess bleeding
Circulation

• Three results of assessing pulse
  – Within normal limits
  – Unusually slow
  – Unusually fast
Circulation

• Assessing skin
  – Good circulation: warm, pink, dry skin
  – Shock: pale, clammy (cool and moist) skin
Immediate Intervention

• Treat any life-threatening ABC problem as soon as discovered!
Determine Patient Priority

• Stable
  – Vital signs in normal range

• Potentially unstable
  – Potential for deterioration can indicate potentially unstable category

• Unstable
  – Threat to ABC’s rules out stability
Need for Priority Transport

- Initiate priority transport if a life-threatening problem cannot be controlled or threatens to recur
- Continue assessment and care en route
Think About It

• Why must you continue to re-evaluate the primary assessment?
Prehospital Patient Video

Click [here](#) to view a video on the subject of assessment of the prehospital patient.
Click [here](#) to view a video on the subject of initial assessment procedures.
Patient Characteristics and Primary Assessment
Patient Characteristics

- Patient characteristics determine the form of assessment
  - Medical or traumatic problem?
  - Altered mental status?
  - Child or adult?
Pediatric Note

- Adjust assessment to social and physiological norms of children
Think About It

- How might normal findings in a primary assessment differ for a child compared with an adult?
Steps of Primary Assessment

• Despite patient characteristics, follow primary assessment steps systematically
  – General impression
  – Mental status
  – ABCs
  – Priority for transport
Chapter Review
Chapter Review

- Primary assessment is a systematic approach to quickly find and treat immediate threats to life.
- General impression, although subjective, can provide extremely useful information regarding urgency of a patient’s condition.
- Determination of mental status follows the AVPU approach.

continued
Chapter Review

• Evaluating airway, breathing, and circulation quickly but thoroughly will reveal immediate threats to life that must be treated before further assessment.

• Patient’s priority describes how urgent patient’s need to be transported is and how to conduct the rest of the assessment.
Remember

• Determine if a problem is medical or traumatic in nature.
• Determine if a patient is responsive or unresponsive; an adult, child, or infant.
• Rapidly identify the need for immediate airway intervention.

continued
Remember

• Determine if the patient’s condition is stable enough to allow further assessment and treatment at the scene.
Questions to Consider

• What factors will you take into account in forming a general impression of a patient?
• How should you assess a patient’s mental status with regard to the AVPU levels of responsiveness?

continued
Questions to Consider

- How should you assess airway, breathing, and circulation during the primary assessment?
- What is meant by the term *priority decision*?
Critical Thinking

• A middle-aged male is lying on the street after being hit by a car. He appears unresponsive as you approach. You notice that he is bleeding from a laceration on his forearm and making gurgling sounds from his airway.
Critical Thinking

• If you are alone, what factors do you consider in deciding what to do first? Why?
Please visit Resource Central on www.bradybooks.com to view additional resources for this text.