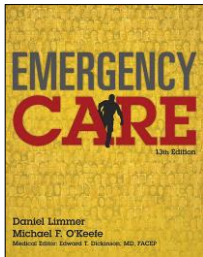


Emergency Care

THIRTEENTH EDITION



CHAPTER 12


The Primary Assessment

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Approach to the Primary Assessment

- Focus on life threats
- Airway (A), breathing (B), circulation (C)
- May vary depending on:
 - Patient's condition
 - How many EMTs on the scene
 - Other priorities you determine as you assess patient



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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.

C-A-B (Not A-B-C)

C

Chest Compressions

A

Airway

B

Breathing

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Decision Making in the Primary Assessment

- Airway – Clear it as vomit in the lungs is very serious and often fatal.
- Breathing – Providing ventilation and oxygen is vital for life.
- Circulation - Exsanguinating bleeding must be stopped immediately.
- No Airway, Breathing or Circulatory issue.....Now What?

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NREMT Primary Assessment

PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient		1
Determines responsiveness/level of consciousness		1
Determines chief complaint/apparent life-threats		1
Airway		
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)	2
Breathing		
-Assess breathing (1 point)	-Assures adequate ventilation (1 point)	4
-Initiates appropriate oxygen therapy (1 point)	-Manages any injury which may compromise breathing/ventilation (1 point)	
Circulation		
-Checks pulse (1 point)		4
-Assess skin (either skin color, temperature or condition) (1 point)		
-Assesses for and controls major bleeding if present (1 point)		
-Initiates shock management (positions patient properly, conserves body heat) (1 point)		
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)		1

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Form a General Impression

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

The "Look Test"

Feeling from environmental observations as well as the first look at patient

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Form a General Impression



Forming a general impression includes your immediate assessment of the environment and the patient's chief complaint and appearance.

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Form a General Impression

- Identify patients who may be critical.
 - Patients who appear lifeless
 - Resuscitate by beginning CPR compressions.
 - Prepare AED as soon as possible.
 - Patients who have an obvious altered mental status
 - Patients who appear unusually anxious and those who appear pale and sweaty

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Form a General Impression

- Identify patients who may be critical.
 - Obvious trauma to the head, chest, abdomen, or pelvis
 - Specific positions indicate distress.
 - Tripod position
 - Difficulty breathing
 - Levine's sign
 - Chest pain or discomfort



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The Chief Complaint

- Patient's description of why EMS was called
- May be specific
 - "Abdominal pain"
- May be vague
 - "Not feeling good"



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The Chief Complaint

- Forming an impression of the patient
 - Look
 - Patient's age, sex, and position
 - Listen
 - Moaning, snoring, or gurgling respirations
 - Smell
 - Hazardous fumes, urine, feces, vomitus, or decay

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Assess Mental Status

- AVPU
 - Alert
 - Document orientation to person, place, and time (event)
 - Verbal response
 - Painful response
 - Unresponsive



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Assess the ABCs

- Order of primary assessment will vary depending on patient's condition.
 - Airway
 - Breathing
 - Circulation
- Identify and correct life threats
- Gather information that will help you later in your assessment

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Airway

- If patient is alert and talking clearly or crying loudly then the airway is open.
- If airway is not open or is endangered, take measures to OPEN.



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Breathing

- Situations calling for breathing assistance if the patient is:
 - In respiratory arrest with a pulse
 - Not alert with inadequate breathing
 - Has some level of alertness with inadequate breathing
 - Has adequate breathing, but signs suggesting respiratory distress or hypoxia

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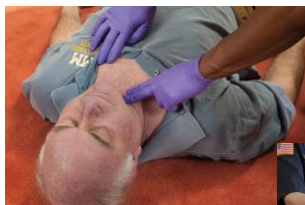
Circulation

- Assessing skin
 - Shock
 - Pale, clammy (cool and moist) skin
 - Good circulation
 - Warm, pink, dry skin



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Circulation



- Check the pulse for no longer than 10 seconds.

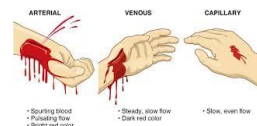
- If NO pulse, begin CPR while preparing for AED



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Circulation

- Three results of assessing pulse
 - Within normal limits (60-100)
 - Unusually slow (< 50)
 - Unusually fast (>120)
- Check for and control severe bleeding.



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Determine Priority

- Treat any life-threatening ABC problem as soon as it is discovered.
- To be stable, a patient needs to have vital signs that are in the normal range or just slightly abnormal.
- A threat to the airway, breathing, or circulation, either actual or imminent, rules out stable.

Determine Priority

- There are many times when it is not crystal clear what a patient's problem is, so there will be many possible diagnoses, some more serious than others.
- A patient's priority can change.

Determine Priority

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

Chapter Review

Chapter Review

- The primary assessment is a systematic approach to quickly finding and treating immediate threats to life.
- The general impression, although subjective, can provide extremely useful information regarding the urgency of a patient's condition.

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Chapter Review

- The determination of mental status follows the AVPU approach.
- Evaluating airway, breathing, and circulation quickly but thoroughly will reveal immediate threats to life that must be treated before further assessment.

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Chapter Review

- Your approach to a patient will vary depending on how he presents. The American Heart Association recommends a C-A-B approach for patients who appear lifeless and apparently are not breathing or have only agonal respirations. This begins with a pulse check and chest compressions if there is no pulse.

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Chapter Review

- If your patient shows signs of life (e.g., moving, moaning, talking) and is breathing, you will take a traditional A-B-C approach.

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Chapter Review

- Remember that the mnemonic A-B-C is a guide to interventions that may be taken. You will choose your interventions based on the patient's immediate needs. They may be done in any order that fits the patient's needs.

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Remember

- Determine if a patient is responsive or unresponsive, whether the patient is an adult, child, or infant.
- Rapidly identify the need for immediate airway intervention.
- Determine if the patient's condition is stable enough to allow further assessment and treatment at the scene.

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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?

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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.

Medical Assessment

Student Name: _____

Before Scene Arrival:

	1 Point	Score =
--	---------	---------

Scene Size Up:

	1 Point	Score =
	1 Point	Score =
	1 Point	Score =
	1 Point	Score =
	1 Point	Score =

Primary Survey/Resuscitation:

	1 Point	Score =
	1 Point	Score =
	1 Point	Score =
	3 Points	Score =
	3 Points	Score =
	1 Point	Score =

