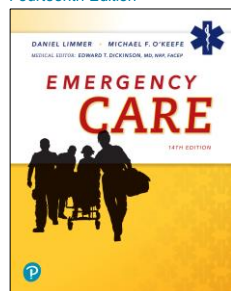


Emergency Care

Fourteenth Edition



Chapter 12

The Primary Assessment

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Topic

- [The Primary Assessment](#)

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The Primary Assessment

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Approach to the Primary Assessment (1 of 2)

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

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Approach to the Primary Assessment (2 of 2)

- 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.

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Decision Making in the Primary Assessment (1 of 2)

- Any vomit in the airway that enters the lungs is very serious and often fatal.
- Exsanguinating bleeding must be stopped immediately.
- Breathing and circulation are obviously vital for life. Make sure your patient is breathing and breathing adequately to support life.

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Decision Making in the Primary Assessment (2 of 2)

- If immediate interventions such as bleeding control or CPR are not required, shift into an important but less urgent mode in which you will administer oxygen appropriate for the patient's condition and evaluate for shock.



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Performing the Primary Assessment

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



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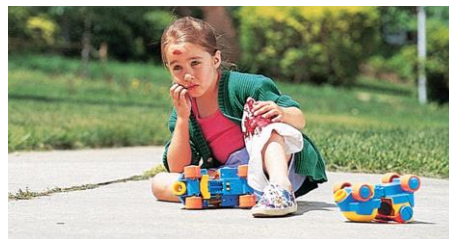
Form a General Impression (1 of 2)

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



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Form a General Impression (2 of 2)



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



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Beginning Spinal Motion Restriction (1 of 2)

- Treat the patient's life-threatening conditions while not aggravating a potential spine injury.
- Apply initial SMR to the head and neck on first contact with any patient you suspect may have an injury to the spine.
- Continue SMR throughout the call unless a physical examination determines it is not necessary.



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Beginning Spinal Motion Restriction (2 of 2)

- Manual stabilization of the head and neck holds the patient's head still in a neutral, in-line position.
- There may be more than one way to restrict motion of the spine during the primary and secondary assessments.
- EMS systems have specific guidelines for when to use and when not to use manual stabilization and spinal motion restriction.



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The “Look Test” (1 of 3)

- The “look test”
 - Getting a feeling about patient’s condition from environmental observations as well as the first look at patient



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The “Look Test” (2 of 3)

- “Look test” identifies 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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The “Look Test” (3 of 3)

- 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 (1 of 2)

- 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 (2 of 2)

- 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.
 - Verbal response
 - Painful response
 - Unresponsive



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Assess the ABCs (1 of 2)

- 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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Assess the ABCs (2 of 2)



Look for signs of life, including movement. Scan the chest for signs of breathing. If no signs of life such as breathing (or only gasping breathing) are found, check the pulse.



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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 it and clear any blockages.



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Breathing

- Situations calling for breathing assistance include if the patient:
 - Is in respiratory arrest with a pulse
 - Is 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 (1 of 3)

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



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Circulation (2 of 3)



Check the pulse for no longer than 10 seconds.



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Circulation (3 of 3)

- Three results of assessing pulse
 - Within normal limits
 - Unusually slow
 - Unusually fast
- Check for and control severe bleeding.



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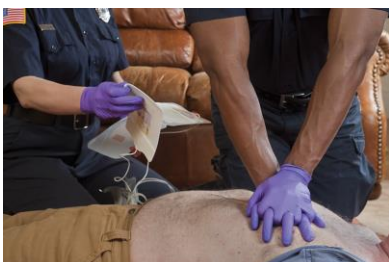
Determine Priority (1 of 4)

- 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.



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Determine Priority (2 of 4)



If no pulse, begin CPR compressions while the defibrillator is being readied.



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Determine Priority (3 of 4)

- 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.



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Determine Priority (4 of 4)

- Initiate priority transport if a life-threatening problem cannot be controlled or threatens to recur, or if the patient has a depressed level of responsiveness.
 - Continue assessment and care en route.



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Think About It (1 of 2)

- Why must you continue to re-evaluate the primary assessment?



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Think About It (2 of 2)

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



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Patient Characteristics and Primary Assessment

- Patient assessment takes different forms, depending on certain characteristics of the patient.
 - The patient may have a medical problem or trauma.
 - The patient may or may not have an altered mental status.
 - The patient may be an adult, a child, or an infant.



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Chapter Review



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Chapter Review (1 of 6)

- 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 (2 of 6)

- 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 (3 of 6)

- 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 (4 of 6)

- 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 (5 of 6)

- 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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Chapter Review (6 of 6)

- The patient's priority describes how urgent the patient's need to be transported is and how to conduct the rest of your assessment.



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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 (1 of 2)

- 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 (2 of 2)

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



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Critical Thinking (1 of 2)

- 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.



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Critical Thinking (2 of 2)

- If you are alone, what factors do you consider in deciding what to do first? Why?



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