

# EMERGENCY MEDICAL QUICK GUIDE



Pause, take a breath, think about the scene...

## 1. IS THE SCENE SAFE?

- Make sure the scene is safe and stays safe
- Evaluate the Mechanism of Injury (MOI) or Nature of Illness (NOI)
  - What happened?
- Determine the number of patients
- Assess the need for additional resources: Equipment, personnel, etc.
- Consider Ch. 16/911 and establish communications
- Form a general impression, need for urgency & need for spinal precautions
- Gain consent

## 2. ASSESS THE ABCs AND TREAT LIFE THREATS

- **X - Exsanguination:** Control major hemorrhage with pressure, packing, or a tourniquet
- **A - Airway:** Assess the airway, ensure an open airway, reposition or clear if needed
- **B - Breathing:** Assess the patient's breathing, assume the position of comfort, if not breathing, start CPR
- **C - Circulation:** Look for life threatening bleeding, assess for a pulse
- **D - Disability:** What are the main problems? What is the patient's level of responsiveness?
- **E - Expose and Examine:** Injuries, consider environmental factors, keep the patient warm or cool depending on conditions

## 3. DO A FULL EXAM

### Traumatic Injuries

Physical exam, *S.A.M.P.L.E., O.P.Q.R.S.T.*

### Medical Emergencies

*S.A.M.P.L.E., O.P.Q.R.S.T., physical exam*

### 3.1. PHYSICAL EXAM

- Examine the patient head to toe
- Look for deformities, open injuries, tenderness, swelling (D.O.T.S.)
- Check and compare extremities for circulation, sensation, and movement
- Gain inventory of injuries, stop any bleeding, stabilize fractures

### ALERT AND ORIENTED

Person: Name?

Event: What happened?

Place: Where are you?

Time: Time and place?

## 3.2. MEDICAL EXAM

### HISTORY (S.A.M.P.L.E.)

**Signs & Symptoms:** How do you feel? What do I see?

**Allergies:** What allergies do you have? How do you react to them?

**Medications:** What meds or supplements do you take?

**Past History:** Known medical problems? Something like this before?

**Last Ins & Outs:** Schedule: Bowel, urine, nutrition, hydration, vomit

**Events Prior:** How did the rest of your day go leading up to this?

### PAIN (O.P.Q.R.S.T)

**Onset:** Did the pain come on sudden or gradually?

**Provokes:** Does anything make it feel better? Or worse?

**Quality:** Dull, sharp, stabbing, burning, cramping?

**Radiation:** Does the pain radiate?

**Severity:** On a scale of 1-10, how bad is the pain? (10 being the worst)

**Time & Trends:** When did it start, has it been progressing?

## 4. VITALS

Obtain vital signs, checking as often as practical. Pay attention to trends

	Heart Rate	Respiratory Rate	Blood Pressure	<b>IF THE PATIENT IS ALTERED OR CONFUSED, CONSIDER THE CAUSE:</b> Alcohol/Altitude Epilepsy Insulin Overdose Underdose Trauma Infection Psych/Poison Stroke/Seizure
Adult (Age 14+)	50-80	12-20	140-90/90-60	
Adolescent (Age 8-14)	60-110	12-30	120-85/80-55	
Child (Age 3-8)	80-120	20-30	110-80/80-50	
Toddler (Age 1-3)	80-130	20-30	110-80/80-50	
Infant (Age 0-1)	Newborn: 100-160  80-150	Newborn: 30-50  20-40	100-75/70-50	

## 5. DOCUMENTATION

## 6. PLAN, MONITOR & ANTICIPATE FUTURE PROBLEMS