

Ch. 8 Review

- The assessment process begins with the scene size-up, which identifies real or potential hazards. The patient should not be approached until these hazards have been dealt with in a way that eliminates or minimizes risk to the EMTs and the patient(s).
- The primary assessment is performed on all patients. It includes forming an initial general impression of the patient, including the level of consciousness, and identifies any life-threatening conditions to the ABCs. A rapid scan is performed to assist in prioritizing time and mode of transport. Any life threats identified must be treated before moving on to the next step of the assessment.
- Airway, breathing, and circulation are assessed to evaluate the patient's general condition.
- History taking includes an investigation of the patient's chief complaint or history of present illness. A SAMPLE history is generally taken during this step of the assessment process. This information may be obtained from the patient, family, friends, or bystanders.
- By asking several important questions, you will be able to determine the patient's signs and symptoms, allergies, medications, pertinent past history, last oral intake, and events leading up to the incident.
- The secondary assessment is a systematic physical examination of the patient. The physical examination may be a systematic head-to-toe, full-body scan or a systematic assessment that focuses on a certain area or region of the body, often determined through the chief complaint. Circumstances will dictate which aspects of the physical examination will be used. The secondary assessment is performed on scene or in the back of the ambulance en route to the hospital; there are times when you may not have time to perform a secondary assessment at all if the patient has serious life threats.
- The reassessment is performed on all patients. It gives you an opportunity to reevaluate the chief complaint and to reassess interventions to ensure that they are still being delivered correctly. Information from the reassessment may be used to identify and treat changes in the patient's condition.
- A patient in stable condition should be reassessed every 15 minutes, whereas a patient in unstable condition should be reassessed every 5 minutes.
- The assessment process is systematic and dynamic. Each assessment you perform will be slightly different, depending on the needs of the patient. The result will be a process that will enable you to quickly identify and treat the needs of all patients, both medical and trauma related, in a way that meets their unique needs.

Ch. 35 Review

- The first key rule of lifting is to always keep your back in an upright position and lift without twisting. You can lift and carry significant weight without injury as long as your back is in the proper upright position.
- The power lift is the safest and most powerful way to lift.
- The safety of you, your team, and the patient depends on the use of proper lifting techniques and maintaining a proper hold when lifting or carrying a patient.
- Pushing is better than pulling.
- If you do not have a proper hold, you will not be able to bear your share of the weight, or you may lose your grasp with one or both hands and possibly cause a lower back injury to one or more EMTs.
- It is always best to move a patient on a device that can be rolled. However, if a wheeled device is not available, you must understand and follow certain guidelines for carrying a patient on a stretcher.

- You must constantly coordinate your movements with those of the other team members and make sure that you communicate with them.
- When lifting a stretcher, you must make sure that you and your team use correct lifting techniques.
- Ideally, members of the lifting team should also be of similar height and strength.
- If you must carry a loaded backboard or stretcher up or down stairs or other inclines, be sure that the patient is tightly secured to the device to prevent sliding.
- Be sure to carry the backboard or stretcher foot end first so that the patient's head is elevated higher than the feet.
- Directions and commands are an important part of safe lifting and carrying.
- You and your team must anticipate and understand every move and execute it in a coordinated manner.
- The team leader is responsible for coordinating the moves.
- You should try to use four rescuers whenever resources allow.
- You should know how much you can comfortably and safely lift and not attempt to lift more than this amount.
- Rapidly summon additional help to lift and carry a weight that is greater than you are able to lift.
- The same basic body mechanics apply for safe reaching and pulling as for lifting and carrying.
- Keep your back locked and straight, and avoid twisting.
- Do not hyperextend your back when reaching overhead.
- You should normally move a patient with nonurgent moves, in an orderly, planned, and unhurried manner, selecting methods that involve the least amount of lifting and carrying.
- At times, you may have to use an emergency move to maneuver a patient before providing assessment and care.
- You should perform an urgent move if a patient has an altered level of consciousness, inadequate ventilation, or shock or in extreme weather conditions.
- The wheeled ambulance stretcher is the most commonly used device to move and transport patients.
- Other devices that are used to lift and carry patients include portable stretchers, flexible stretchers, backboards, basket stretchers (Stokes litters), scoop stretchers, and stair chairs.
- Whenever you are moving a patient, you must take special care so that neither you, your team, nor the patient is injured.
- You will learn the technical skills of patient packaging and handling through practice and training.
- Training and practice are required to use all the equipment that is available to you.
- You must practice each technique with your team often so that you are able to perform the move quickly, safely, and efficiently.

Assessment in Action

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- Chapter 35 page 1329 Questions 1 - 10