

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 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

ALERT AND ORIENTED

Person: Name?

Event: What happened?

Place: Where are you?

Time: Time and place?

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

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	IF THE PATIENT IS ALTERED OR CONFUSED, CONSIDER THE CAUSE: 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