

Patient assessment, medical & legal, communications, documentation, scene size-up & management, physiology & pathophysiology, pediatric & geriatric differences, pharmacology, toxicology, hazardous materials & environmental emergencies

PATIENT ASSESSMENT

- **Personal Protective Equipment (PPE)**
 - Apply appropriate PPE (gloves, goggles, mask, gown, turnout gear, etc.)
- **Scene Size-Up**
 - Evaluate scene safety
 - Consider nature of illness or mechanism of injury
 - Determine number of patients involved
 - Request additional resources if needed
 - Determine if cervical spine precautions are indicated
- **Primary Survey**
 - Formulate general impression of the patient (age, sex, position and environment found in, level of discomfort or distress)
 - Determine responsiveness or level of consciousness; remember **AVPU**:
 - **A**lert and oriented to person, place, time, and event
 - **R**esponsive to **V**erbal stimuli
 - **R**esponsive to **P**ainful stimuli
 - **U**nresponsive
 - Determine chief complaint and apparent life threats
- **Airway & Breathing**
 - Open and assess airway
 - Perform jaw thrust or head tilt/chin lift; suction if needed; perform obstructed airway clearance maneuver if needed
 - Insert airway adjunct if indicated (oropharyngeal airway [OPA] or nasopharyngeal airway [NPA])
 - Assess adequate ventilation
 - Look for chest rise, listen for breath sounds, and feel for chest rise and air movement
 - Initiate oxygen therapy if appropriate
 - For a trauma patient, manage any injury that may interfere with breathing or ventilation
- **Circulation**
 - Check for pulse
 - Assess for and control major bleeding
 - Assess skin color, temperature, and condition
 - Initiate shock management if needed; ensure proper position, and conserve body heat
- **Transport Decision**
 - Identify priority patients
 - Use the **Glasgow Coma Scale** (p. 3) to make treatment and transport decisions
- **History**
 - **SAMPLE**: Signs and symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to injury or illness
 - **OPQRST**: Onset, Provocation and palliation, Quality, Radiation, region, and recurrence; Severity; Time
- **Secondary Assessment, Interventions & Treatment**
 - **Medical Patient**
 - Assess affected body system
 - Cardiovascular
 - Pulmonary
 - Neurologic
 - Gastrointestinal
 - Genitourinary
 - Integumentary
 - Musculoskeletal
 - Psychological
 - When in doubt, perform head-to-toe assessment
 - **Trauma Patient**
 - Perform head-to-toe assessment (see **DCAP-BTLS**, p. 3)
 - Head (inspect eyes, ears, nose, mouth, facial area, and scalp)
 - Neck (inspect trachea and jugular veins; inspect and palpate cervical spine)
 - Chest (inspect, palpate, and auscultate)
 - Abdomen (inspect and palpate all four quadrants)
 - Pelvis (assess stability, genitalia, and perineum as needed)
 - Lower extremities (inspect, palpate, and evaluate circulatory, sensory, and motor function)
 - Upper extremities (inspect, palpate, and evaluate circulatory, sensory, and motor function)
 - Posterior thorax, including thoracic spine, lumbar spine, and buttocks (inspect and palpate)
- **Vital Signs**
 - Blood pressure
 - Pulse (rate, strength or weak, regular or irregular)
 - Respiration (rate, easy or labored, full or shallow)
 - Other vital signs as appropriate (e.g., temperature, blood glucose, pain scale, height, and weight)
- **Ongoing Assessment**
 - Report initial assessment, vital signs, and focused assessment (pertaining to injuries or symptoms treated or observed)
 - Provide accurate report to other EMS units or the hospital involved in the patient's care



MEDICAL & LEGAL ISSUES

This section discusses broad principles; be aware of state and local laws and local protocols

Consent & Refusal

- Consent:** Permission from the patient for care or treatment
- Expressed consent:** Consent given by a person who is of legal age and of sufficient mental capacity to be considered competent; must be **informed consent**, meaning the person understands the risks and benefits of treatment and refusal of treatment
- Implied consent:** Assumes that an unconscious person or a parent/guardian would consent to treatment if the person were conscious or the parent/guardian were available
- Refusal of care:** Must meet three criteria (and all must be documented):
 1. Patient is legally able to consent
 2. Patient is competent and oriented
 3. Patient must be fully informed of risks and benefits of both treatment and refusal of treatment
- Alternatives should be documented (e.g., instructions for the patient to call a doctor or 911 if symptoms worsen)
- Any resources consulted (e.g., Medical Control, family members, law enforcement, or the patient's health care provider) should be documented
- Witness signatures should be included
- Advance directives:** A written decision made by a patient before care is required
 1. **Do not resuscitate (DNR) order:** A legal document signed by a patient or his/her designee and the patient's physician that states the patient does not desire resuscitation efforts
 2. **Living will:** A legal document that expresses the patient's decisions about long-term care matters such as nutrition, hydration, and ventilation
 3. **Health care proxy:** A legal document that designates a health care agent or decision maker in the event that the patient is unable to make his/her own decisions

NOTE: Some states allow legal documents that encompass all of the previously mentioned forms, such as a Health Care Power of Attorney or a Medical Orders for Life-Sustaining Treatment (MOLST) form

- Negligence:** Failure to act properly; must meet certain criteria:
 1. Must be a **duty to act**; that is, the EMT had an obligation to provide care
 2. Must be a **breach of duty**; that is, the standard of care was not met; may include failure to act (i.e., failure to provide the accepted standard of care in the community)
 3. **Harm** must be caused to the patient
 4. There must be **proximal cause**; that is, the harm must be related to the breach of duty
 - Medical direction:** The oversight of patient care in the EMS system by a physician (i.e., the Medical Director)
 1. **On-line medical direction** consists of orders given directly to the EMT caring for the patient from the physician via radio or telephone
 2. **Off-line medical direction** consists of standing orders for certain medications or procedures
- Other Legal Issues**
- Abandonment:** Leaving a patient without ensuring patient care has been turned over to a person with equal or greater training
 - Libel:** To publish an untruth that will harm someone's reputation
 - Slander:** Oral defamation that will harm someone's reputation
 - Assault:** A threat of bodily harm
 - Battery:** An intentional act that causes bodily harm
 - Patient confidentiality:** The obligation to protect information about a patient and to reveal necessary information only to those directly involved in the care of the patient
 - Good Samaritan laws:** Laws that protect individuals who reasonably attempt to rescue or aid another; vary in each state

COMMUNICATIONS

Hospital Radio Reports

Information to Give

- Unit identifier and level of care (advanced life support [ALS] or basic life support [BLS])
- Estimated time of arrival (ETA)
- Age and sex of patient
- Chief complaint
- Persistent history of present illness (HPI)
- Pertinent past medical history
- Physical exam findings, including current vital signs
- Care given and response to said care

Information to Receive

- Ask for orders if needed; repeat them back for purposes of clear understanding
- Obtain clearance for arrival

Patient Handoff

When transferring care in the field or at the hospital:

- Assist hospital registration staff by providing appropriate patient demographic information
- Give a verbal report to the triage nurse
- Place the patient where you are directed; make sure that the bed is lowered, the side rails are up, and the call bell is within the patient's reach; assist hospital staff as needed; be sure to transfer the patient's personal effects
- Give a verbal report to the receiving medical provider (bedside nurse, physician, physician assistant, nurse practitioner, etc.); patient safety advocates note that this is when medical errors commonly occur; having a structured approach will help minimize errors; use **CHATT**
- Obtain release from the hospital staff
- Complete your written documentation ASAP
- Clean and restock your vehicle and equipment

CHATT

Chief complaint
History (HPI and past medical history)
Assessment
Treatment, including patient reactions to treatment
Transport, including patient changes en route

Paramedic Cheat Sheet

Sherry Lynn Jones

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the author's name.

Paramedic Cheat Sheet:

Fundamentals of Paramedic Practice Sam Willis, Roger Dalrymple, 2019-08-27 Driven by changes to clinical practice new evidence based research and shifts in global economics and politics the field of paramedic science is rapidly evolving This new edition of Fundamentals of Paramedic Practice offers students and recently qualified practitioners an accessible and comprehensive introduction to paramedic science and pre hospital care providing expert and up to date guidance on the essential theories and real world practice of this dynamic area of emergency medicine Assuming no prior knowledge of the subject this user friendly textbook provides broad and inclusive coverage of topics including professionalism law and ethics assessment skills research methods pharmacology and more Contributions from experienced paramedics and clinicians contemporary case studies full colour illustrations and powerful pedagogical tools help students gain a thorough understanding of the essential components of paramedic practice Employs a comprehensive multidisciplinary approach to the study of paramedic practice presenting theoretical and clinical topics in a straightforward and student friendly manner New chapters on toxicology medical terminology and low acuity care in paramedicine with an increased focus on mental health Includes new end of chapter learning activities and quizzes case studies and references charts and diagrams Fundamentals of Paramedic Practice A Systems Approach is an invaluable resource for undergraduate paramedic and emergency care students as well as qualified paramedics clinicians and educators seeking an authoritative reference on current practice

U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024) U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew

training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

Confessions of a Trauma Junkie Sherry Lynn Jones,2017-04-03 *Confessions of a Trauma Junkie* Sherry Jones Mayo,2009-01-01 Mayo an Emergency Medical Technician Emergency Room Nurse and an on scene critical incident debriefer after Hurricane Katrina details a progression from innocence to enlightened caregiver to burnout providing personal and professional glimpses into each stage Fordney's Medical Insurance Dictionary for Billers and Coders Marilyn Fordney,2009-07-23 Over 7 500 terms definitions and acronyms for medical insurance billing and coding MIBC make this the perfect pocket dictionary for both students and practitioners in the MIBC professions With its small size and concise definitions this dictionary is ideal for use in class and in the medical office Practical consistent alphabetical organization with no subentries and screened thumb tabs make it easy to find the information you need Etymologies for most entries help you understand the origins of the terminology and build your professional vocabulary A list of commonly used abbreviations printed in the front and back covers make this your go to reference for everyday practice **The Street Saint** Chuck Purdy,2002 A veteran paramedic decries the declining standards within the commercial ambulance corps and hospital emergency rooms In a dramatic semi autobiographical volume he points out several factors driving the decline abuse and overwhelming of the system by Medicare Medicaid patients and other non emergency patients and the way fiscal requirements distort how the services are run **The Incredible Magic of Being** Kathryn Erskine,2017-10-10 National Book Award winner Kathryn Erskine delivers a contemporary story about a boy with a mystical worldview and a love of science and comets as he faces questions about what makes him special Some might say Julian is sheltered But he lives large

and his eternal optimism allows him to see infinite possibilities wherever he looks Despite his optimism he is anxious about his stressed family falling apart Even his ability to uni sense what s happening with his sister is gone If he can make his family focus on the magic in the universe surely they ll appreciate life again Now that they are moving from Washington DC to rural Maine Julian can use his beloved telescope without any light pollution He can discover a comet name it for himself and show his family how they re all truly connected As Julian searches the night sky he encounters a force that may drive his plan apart His neighbor Mr X could bring an end to his parents dream of opening their B B Could one negative force unravel everything An avid student of science Julian understands that there is much about the universe that we don t yet know Who is to say what s possible and what s not [Spanish For Medical Professionals With Essential Questions and Responses Vol 1](#)

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questions through didactic dialogues How to book an appointment and ask about insurance How to ask what wrong or what hurts and do diagnosis questions through didactic dialogues How to Spanish speaking people in the ER Learn quick Spanish understand vocabulary and interactions and learn correct pronunciation through this simple audio lessons Get this book NOW embrace these simple yet effective language lessons that will have you speaking Spanish like a native in no time

The Man Who Would Cheat At Cards James G Riley, 2016-06-04 Imagine waking up after being in a coma for three months to discover you now have special abilities you can read people's minds and influence their actions What would you do Help fight terrorism thwart industrial espionage or fritter your talent away cheating at cards Choose the latter and it will come back to bite you in the most unexpected of ways *Triumph, Tragedy and Tedium* Barry Makarewicz, Laura Howat, 2010-08 Barry Makarewicz is a twenty year veteran of Salt Lake City Fire Department sixteen of those years as a paramedic Triumph Tragedy and Tedium chapters are honest compassionate and sensitive with compelling detail and special insight as Barry lives in the district he serves Medical or fire calls can be for neighbors friends or family If you want to know what it is like to be a paramedic firefighter or if you want to know what happens when the emergency response system is activated this book of true stories is a must read Triumph Tragedy and Tedium explores a variety of emergency calls from dramatic major medical traumas to the mundane minor assistance needed for the frail and infirm from humor to despair and everything in between Barry's stories are captured in teamwork with his personal journalist and wife Laura Howat Makarewicz Associate Professor Division of Emergency Medicine The University of Utah Medical Director University of Utah AirMed Editor Air Medical Journal Makarewicz and Howat have written a remarkable book It captures the full range of emotions and experiences of a modern urban paramedic the humor the satisfaction the tragedy the frustration and even the anger at times In these stories readers will find themselves drawn into the lives of the paramedic firefighters and the people they meet and they can come away with a deep appreciation for these people and for the life saving and life giving work that they do Dan Andrus Deputy Chief Salt Lake City Fire Department Retired Triumph Tragedy and Tedium provides vivid insight into the challenges that paramedic firefighters face when life saving seconds are ticking away I recommend this book to anyone that takes emergency medical services for granted Randy Anderson Interagency Hotshot Crew Superintendent BLM [OnTrack](#), 2010 **Successful Meetings**, 1998-10 *Emergency Medical Responder (Canadian Edition) includes Navigate Advantage Access* American Academy of Orthopaedic Surgeons (AAOS), Paramedic Association of Canada, 2019-12-27 Emergency Medical Responder is an essential training program that fully meets the newly developed National Occupational Competency Profile for Emergency Medical Responders NOCPs This comprehensive text addresses the entire NOCPs with clarity and precision in a format that ensures student comprehension and encourages critical thinking Concepts of team leadership and professionalism are woven throughout the chapters challenging students to become compassionate conscientious health care professionals as well as superior clinicians Current State of the Art Medical Content Emergency

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