**OEC Chapter 7: Patient Assessment**

**Overview:** Arguably the most important chapter in the book. Read the whole thing, absorb the knowledge, and practice the skills repeatedly.

**Major points:**

* The overall patient assessment process consists of 5 parts:
	1. Scene size-up: determines the safety of the scene, the type of incident, standard precautions, MOI/NOI, and the need for additional resources. Scene safety is your top priority.
	2. Primary patient assessment: forms a general impression of the patient and identifies immediate life threats, which may be excessive bleeding or ABCD’s. Proceed in the ABCD order unless there is life-threatening bleeding, in which case you should follow CABD.
	3. History taking: involves collecting important historical information about the patient and the events surrounding the patient’s current condition. Use SAMPLE to investigate the chief complaint and OPQRST to assess pain.
	4. Secondary patient assessment: consists of a hands-on physical exam and assessing vital signs.
		+ During the physical exam, use DCAP-BTLS to identify physical abnormalities.
		+ Know the normal ranges of vital signs. Check vitals every 5 minutes for critical or unstable patients and every 15 minutes for stable patients.
	5. Reassessment: reassess the patient frequently.
* Patient assessment is an important skill that you will use on every call.

**Must Study**:

* Figure 7-1: this is extremely important.
* OEC Skill 7-1: likewise, super important. We’ll spend a lot of time on this but read it carefully anyways.
* Figure 7-4: you might consider skiing steezier than this dude.
* Figure 7-6: good ski propping technique; sticking them into the ground is usually hard/imposs. Also, when you’re thinking about MOI is when you should be considering C-spine immobilization (more on that in Chapter 21).
* Stop the Bleed Key Point, p. 149: knowing that life-threatening bleeding needs to be addressed before anything else & how to stop bleeding is important. A racer cutting their femoral artery is a significant risk.
* Table 7-1 and Key Point p. 150: we use two ways to assess LOR/LOC (level of responsiveness/consciousness):
	+ - Awake, alert, oriented: ask a patient their name, location, the time/date, and the events leading up to injury. If they successfully answer all 4 of these questions, they are “A&O times 4.” If they answer only 3, they’re “A&O x3,” etc..
		- AVPU scale: outlined in the book.
	+ The patient’s LOC should be recorded & reported. Obviously if the patient is below an A in AVPU they’re A&O x0. We don’t use the GCS.
* Figure 7-8 and Key Points p. 151: know how & when to use the head tilt-chin lift & jaw thrust maneuvers. More in Chap. 9.
* Figure 7-10: know how to assess breathing & what a normal resp. rate is. Note that we will actually normally record resp. rate when getting vitals as part of the secondary assessment, not during ABCDs.
* Figure 7-11 to 7-14, Key Point p. 152: know how & when to assess circulation. As with resp. rate, we often wait for the secondary assessment to actually *record* pulse rate; during ABCDs, usually just make sure the patient has a normal pulse, check for cyanosis, and perhaps check cap. refill.
* Figure 7-15: know these postures & their significance. During ABCDs you should check that the patient has normal CSMs (circulation, sensation, motion) in all extremities.
* Update Dispatch of Needs, p. 156: do this radio call right after obtaining ABCDs, LOR, and chief complaint.
* Table 7-2 and 7-3: you need to memorize and understand both SAMPLE & OPQRST.
* Table 7-4: you should know DCAP-BTLS, but it’s less critical than SAMPLE & OPQRST.
* OEC Skills 7-2 & 7-3, figure 7-21: you need to know these & how to check PERRL while recording vitals. Notes:
	+ Any pupil abnormality (that are not usually present in the patient; some people have diff. sized or noncircular pupils or) could signify TBI (traumatic brain injury) and is a serious medical emergency requiring a trip to the ER.
	+ It’s vital to examine PERRL, LOR, & vitals repeatedly until well after trauma; life-threatening TBI patients sometimes seem fine until rapidly deteriorating hours after injury.
* Figures 7-22 to 7-28: these are all important skills which we’ll practice a lot.
* Table 7-5: memorize this table.
* Figures 7-29 to 7-35, OEC skills 7-4 to 7-6, table 7-6: you will need to know how to assess pulse & when to use different locations, how to assess breathing, how to measure blood pressure both manually and using a machine, & how to use a pulse oximeter. You will only be tested on manually recording pulse & respiratory rate during the practical exams.
* Figure 7-37: this is important.

**Key terms:** *Allergy, AVPU Scale, Blood pressure, Breath sounds, Chief complaint, DCAP-BTLS, Decerebrate posturing, Decorticate posturing, General impression, Level of responsiveness, Mechanism of injury, Nature of illness, OPQRST, Palpate, Paresthesia, Patient assessment, PERRL, Primary patient assessment, Pulse, Pulse oximeter, SAMPLE, Scene safety, Scene size-up, Secondary patient assessment, Sign, Symptom, Vital signs.*