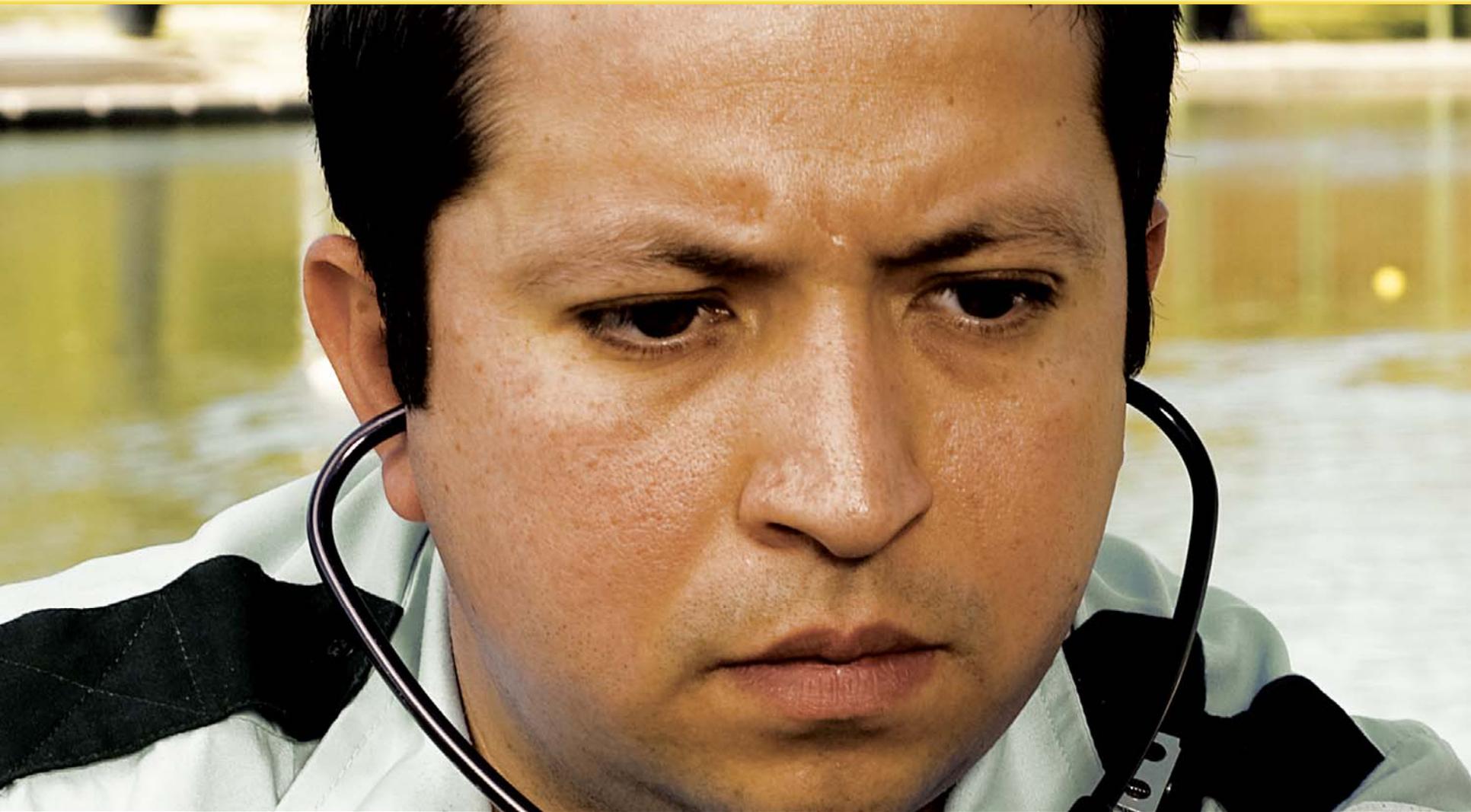


14

Assessment of the Medical Patient



OBJECTIVES

- 14.1** Define key terms introduced in this chapter. Slides [11–12](#), [15](#)
- 14.2** Adapt the secondary assessment process to both responsive and unresponsive medical patients. Slides [11–20](#), [22–26](#), [30–31](#)
- 14.3** Collect a systematic history of the present illness. Slides [13–15](#)
- 14.4** Collect a relevant past medical history. Slides [16–17](#)

continued

OBJECTIVES

- 14.5** Adapt the secondary assessment process to specific patient complaints. Slides [13–17](#)
- 14.6** Adapt your approach to secondary assessment of the medical patient to overcome challenges, according to the circumstances. Slides [13–17](#)
- 14.7** Conduct a rapid physical examination for the unresponsive medical patient. Slides [23–24](#)

continued

OBJECTIVES

- 14.8** Explain the importance of checking baseline vital signs in the unresponsive medical patient. Slides [24](#), [31](#)
- 14.9** Recognize situations in which you should consider requesting the assistance of advance life support personnel for a medical patient. Slide [25](#)

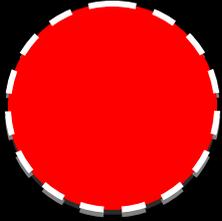
continued

OBJECTIVES

- 14.10** Identify other sources of patient information for the unresponsive or uncooperative medical patient.
Slides [22](#), [26–27](#)

MULTIMEDIA

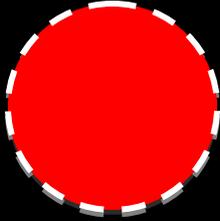
- [Slide 28 Physical Examination Techniques; Inspection, Palpation, Auscultation, and Percussion Video](#)
- [Slide 32 EMS Initial Patient Assessment: Paramedic Video](#)



CORE CONCEPTS

- The difference between assessment procedures for a responsive medical patient and for an unresponsive medical patient
- How to perform a secondary assessment for a responsive medical patient

continued



CORE CONCEPTS

- How to tailor the physical exam for a responsive medical patient using a body systems approach
- How to perform a secondary assessment for an unresponsive medical patient

Topics

- Secondary Assessment of the Medical Patient
- Comparing Assessments

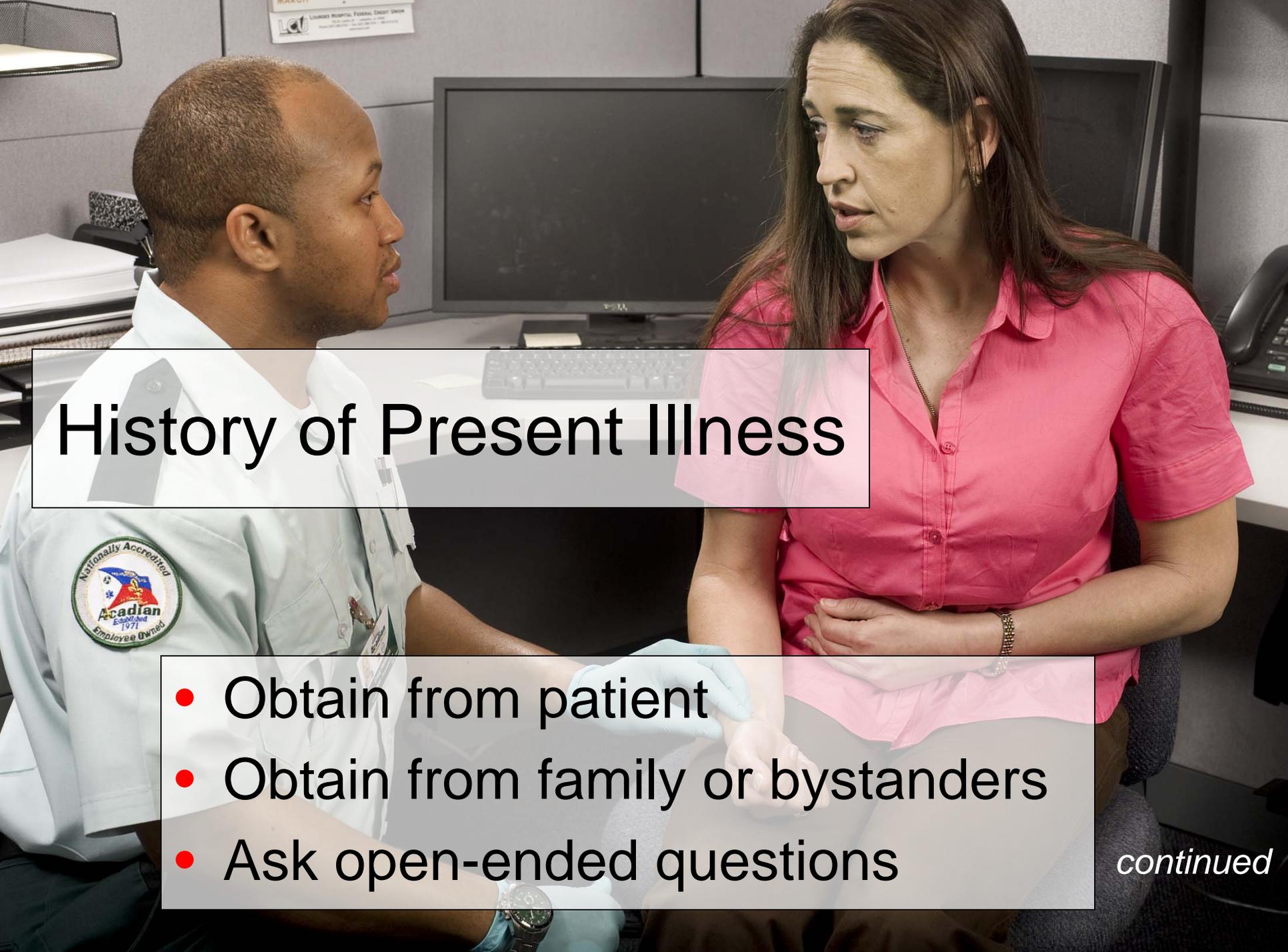
Secondary Assessment of the Medical Patient

Responsive vs. Unresponsive Patient

- Assessment varies depending on patient's ability to communicate
 - Responsive medical patient: focus on chief complaint
 - Unresponsive medical patient: focus on physical findings

Secondary Assessment of Responsive Medical Patient

- History of present illness
- Past medical history
- Focused physical exam
- Baseline vital signs



History of Present Illness

- Obtain from patient
- Obtain from family or bystanders
- Ask open-ended questions

continued

History of Present Illness

- Chief complaint
 - Why patient activated EMS
 - What is bothering patient most

History of Present Illness—OPQRST

- Onset: What were you doing when it started?
- Provokes: What makes pain worse?
- Quality: Describe pain.
- Radiation: Where is pain? Does it seem to spread?
- Severity: How bad is pain? (1–10 scale)
- Time: When did pain start?

Past Medical History

- Symptoms
- Allergies
- Medications
- Pertinent past history
- Last oral intake
- Events leading to illness



Tailoring Past History

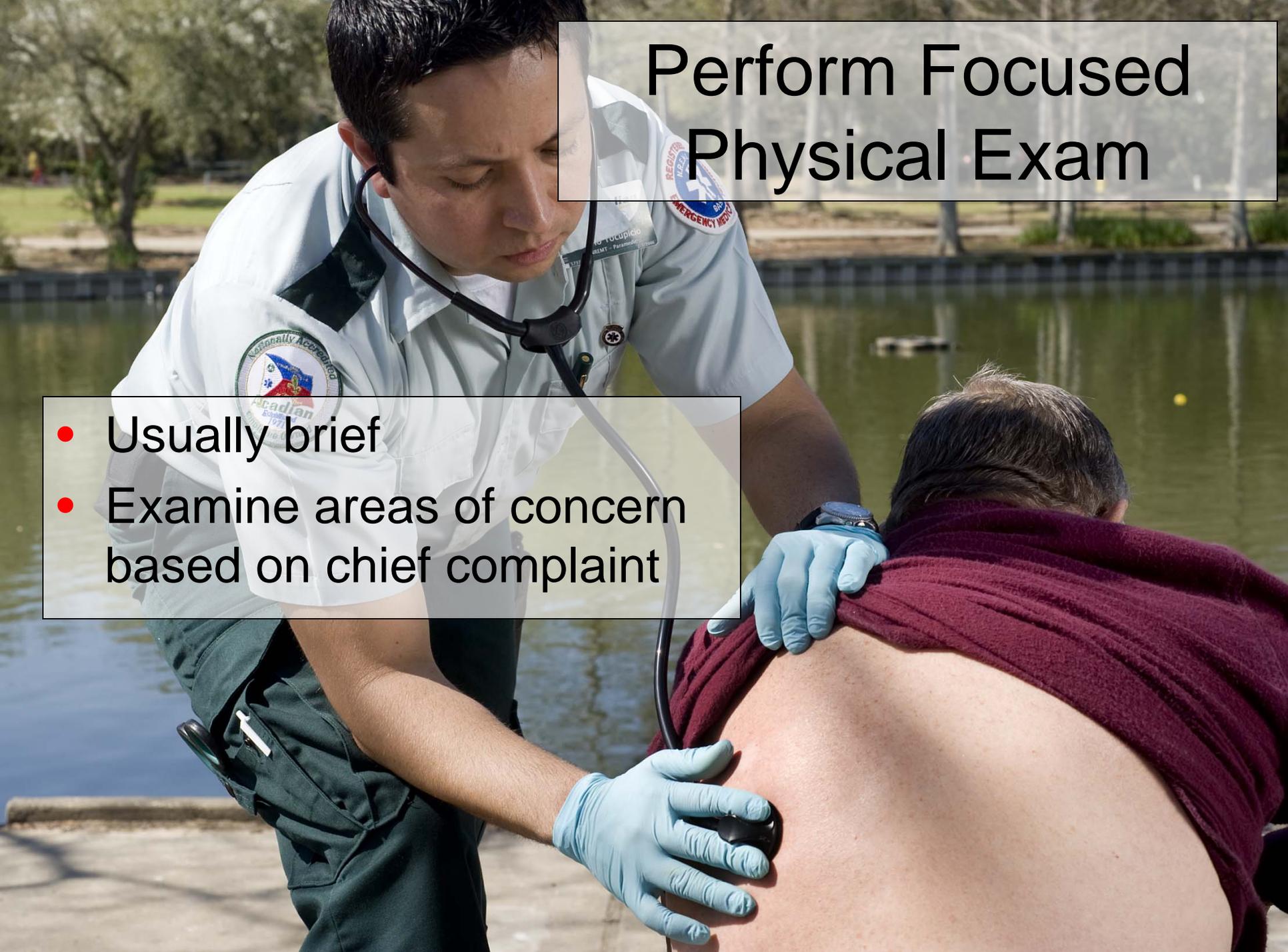
- Important information can be gained by tailoring history to patient's chief complaint
- Ask questions pertinent to complaint
- Body systems approach: focus questioning and examination on particular body system most likely involved

Pediatric Note— Gathering History

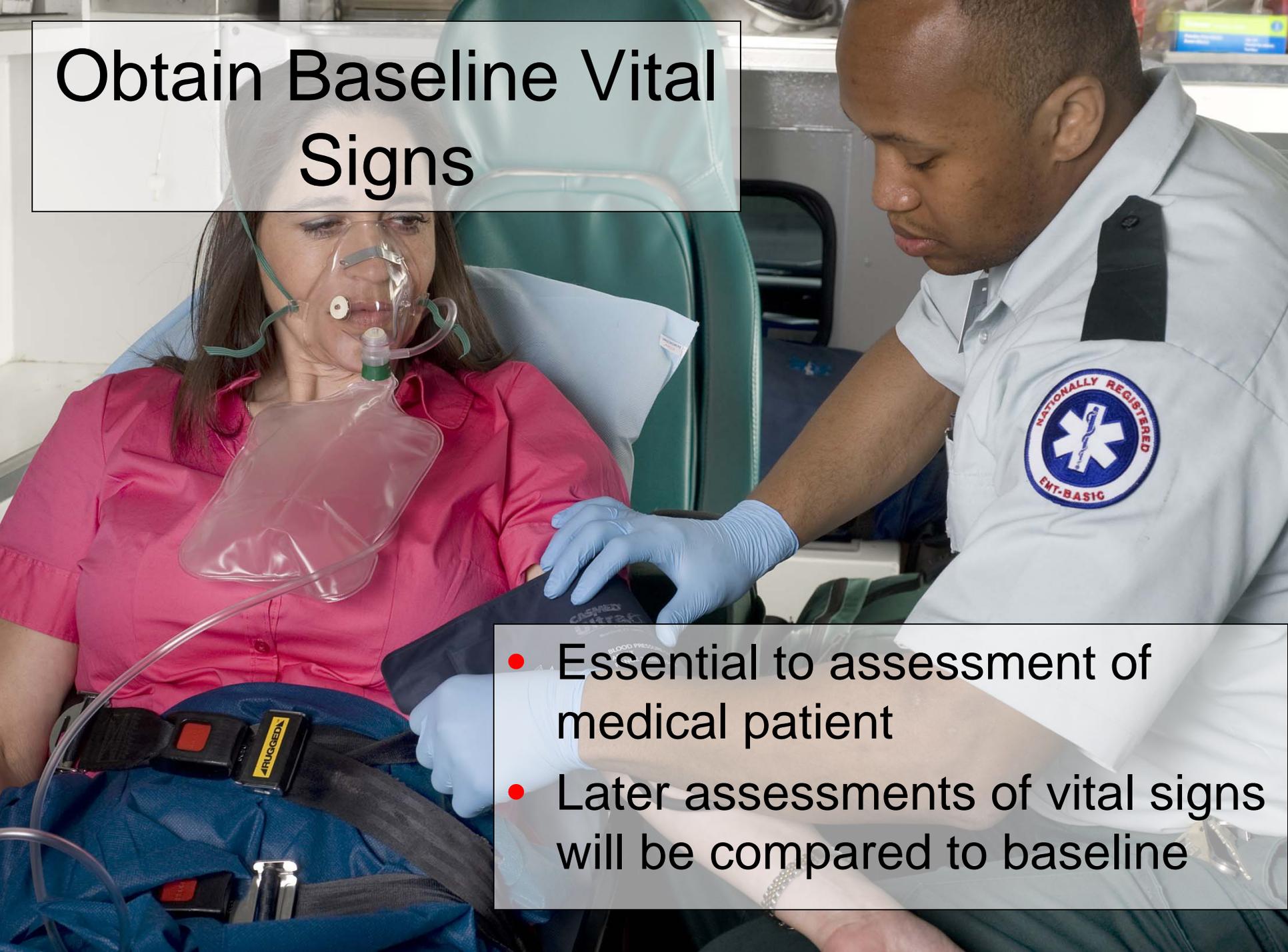
- Get on same level with child
- Put questions in simple language
- Gather information from caregivers

Perform Focused Physical Exam

- Usually brief
- Examine areas of concern based on chief complaint



Obtain Baseline Vital Signs



- Essential to assessment of medical patient
- Later assessments of vital signs will be compared to baseline

Think About It

- Where would you focus your physical examination on a patient complaining of shortness of breath?

Secondary Assessment of Unresponsive Medical Patient

- Inability to communicate shifts initial focus from chief complaint and history taking
- Begin with physical exam and baseline vital signs
- Gather history from bystanders or family members
- Do rapid assessment of entire body

Rapid Physical Exam

- Similar to physical exam for trauma patient
- Assess head, neck, chest, abdomen, pelvis, extremities, and posterior

Important Physical Findings

- Neck: JVD, medical identification devices
- Chest: breath sounds
- Abdomen: distention, firmness or rigidity
- Pelvis: incontinence of urine or feces
- Extremities: pulse, motor function, sensation, oxygen saturation, medical identification devices

Determine if ALS Required

- Obtain baseline vital signs
- Consider a request for ALS personnel

History of Present Illness and Past Medical History

- Question bystanders
 - What is patient's name?
 - What happened?
 - Did you see anything else?
 - Did patient complain before this happened?
 - Does patient have any illnesses or problems?
 - Is patient taking medications?

Think About It

- What other mechanisms might you have to obtain patient history other than speaking to bystanders?



Physical Examination Techniques Video



Click [here](#) to view a video on the subject of physical examination techniques.

Comparing Assessments

Responsive Adult Medical Patient

- Primary assessment
- Patient alert; no life-threatening problems
- Secondary assessment
- History of present illness
- Past medical history and physical exam
- Vital signs
- Transport

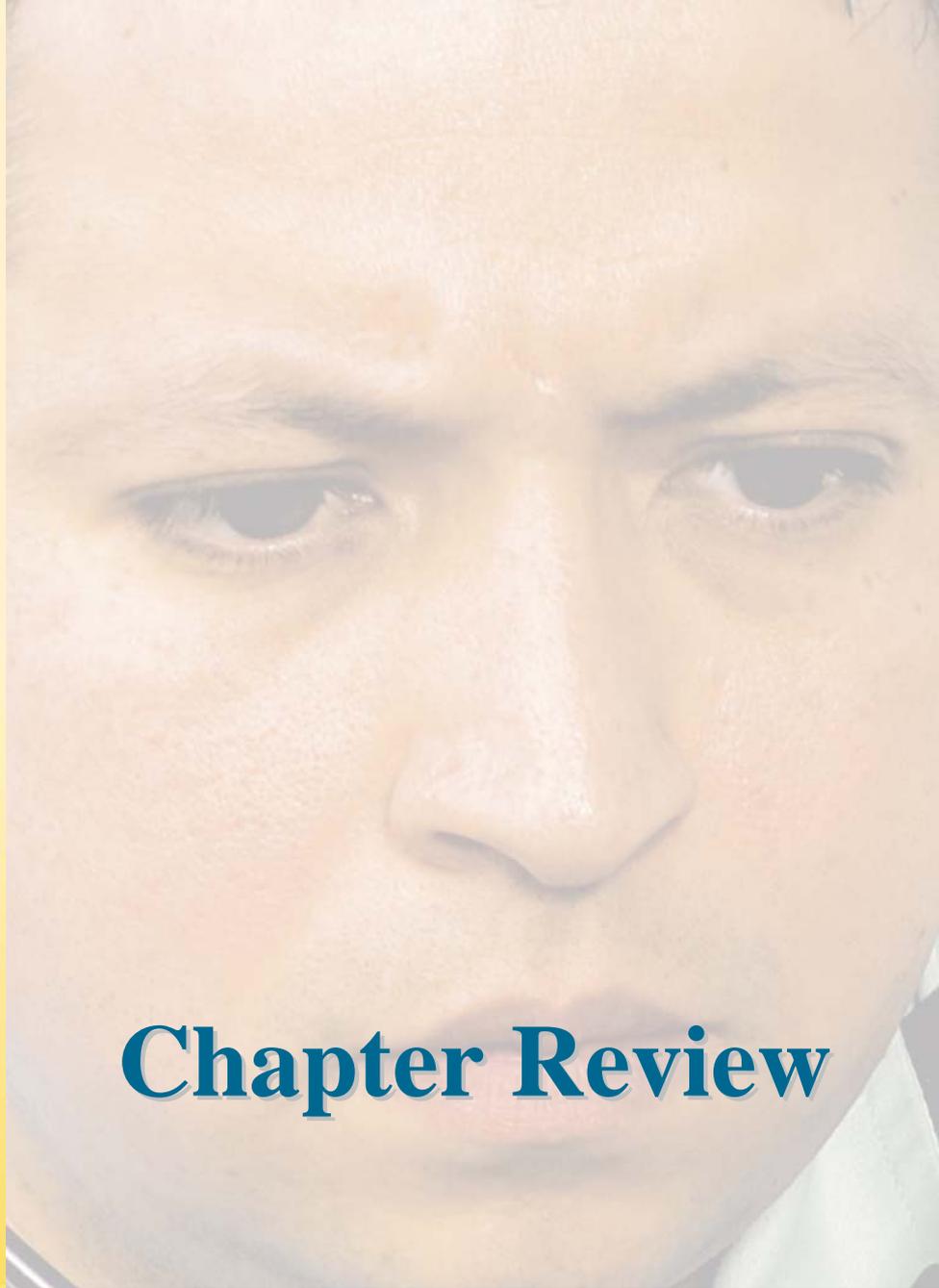
Unresponsive Adult Medical Patient

- Primary assessment
- Patient not alert; ABCs compromised
- Rapid physical exam
- Vital signs
- Past medical history from family
- Transport
- Prepared for more detailed exam en route

EMS Initial Patient Assessment: Paramedic Video



Click [here](#) to view a video on the subject of information gathered from patient assessment.



Chapter Review

Chapter Review

- The history and physical exam of the medical patient takes two forms, depending on whether the patient is responsive.

continued

Chapter Review

- You assess the responsive patient by getting a history of the present illness and a past medical history, then performing a physical exam of affected parts of the body before getting baseline vital signs.

continued

Chapter Review

- Since unresponsive medical patients cannot communicate, it is appropriate to start the assessment with a rapid physical exam. Baseline vital signs come next, and then you interview bystanders, family, and friends to get any history that can be obtained.

continued

Chapter Review

- You may not change any field treatment as a result of the information gathered here, but the results of the assessment may be very important to the emergency department staff.

Remember

- Determine if the patient is responsive enough to provide a history.
- If a patient cannot provide a history, can someone present at the scene do so?

continued

Remember

- Consider what kind of history and physical exam the patient's chief complaint suggests.

Questions to Consider

- Explain how and why the history and physical exam for a medical patient differs from the history and physical exam for a trauma patient.

continued

Questions to Consider

- Explain how and why the history and physical exam for a responsive medical patient differs from the history and physical exam for an unresponsive medical patient.

Critical Thinking

- You are trying to get information from the very upset son of an unresponsive man. He is the only available family member. He is so upset that he is having difficulty talking to you.

continued

Critical Thinking

- How can you quickly get him to calm down and give you his father's medical history?



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additional resources for this text.