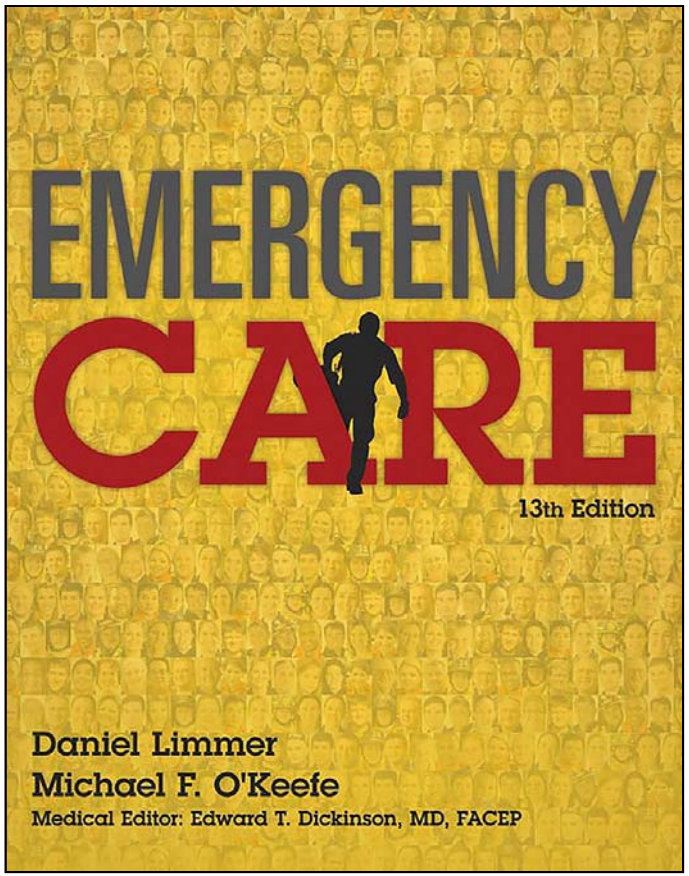
Emergency Care

THIRTEENTH EDITION



CHAPTER 14

The Secondary Assessment

Multimedia Directory

Slide 58 Physical Examination Techniques Video

Slide 101 Trauma Patient Assessment Video

Slide 148 Decision-Making Information Video

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Slide 153 Delegating Authority Video

Topics

- The Secondary Assessment
- Body System Examinations
- Secondary Assessment of the Medical Patient
- Secondary Assessment of the Trauma Patient
- Detailed Physical Exam

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Topics

- Reassessment
- Critical Thinking and Decision Making

The Secondary Assessment

Components of the Secondary Assessment

- Physical examination
- Patient history
  - History of the present illness (HPI)
  - Past medical history (PMH)
- Vital signs

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Components of the Secondary Assessment

- Sign
  - Something you can see
- Symptom
  - Something the patient tell you
- Reassessment is a continual process.

Techniques of Assessment

- History-taking techniques
  - Ask open-ended questions
  - Use mnemonics
    - SAMPLE
    - OPQRST

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Techniques of Assessment

- Physical examination techniques
  - Observe
  - Auscultate
  - Palpate

Techniques of Assessment

Observe the patient for an overall sense of his condition.

Body System Examinations

Respiratory System

- The most important determination when assessing the respiratory system is whether patient is breathing adequately.

Respiratory Assessment—History

- Obtain history of existing respiratory conditions and medications taken for each.
- Determine if medications have been taken as prescribed.
- Determine if signs and symptoms of this episode match previous episodes.

Respiratory Assessment—Physical Examination

- Mental status
- Level of respiratory distress
- Chest wall motion
- Auscultate lung sounds
- Use pulse oximetry
- Observe edema
- Fever

Cardiovascular System

- Heart
- Blood vessels
- Cardiac patient and patient in shock or with a vascular problem

Cardiovascular System—History

- Existing cardiac conditions and medications
- Signs and symptoms of episode
- Description of chest pain using OPQRST
- Determine specific characteristics of pain

Cardiovascular System—Physical Examination

- Look for signs condition may be severe.
- Obtain pulse.
- Obtain blood pressure.
- Note pulse pressure.
- Look for jugular vein distention (JVD).
- Palpate the chest.
- Observe posture and breathing.

Nervous System

- Mental status
- Signs of dysfunction in the body

Neurologic Assessment—History

- Determine patient's mental status.
- Determine patient's normal state of mental functioning.
- Obtain history of neurologic conditions.
- Note patient's speech.

Neurologic Assessment—Physical Examination

- Perform a stroke scale.
- Check peripheral sensation and movement.
- Gently palpate the spine.
- Check extremity strength.
- Check patient's pupils for equality and reactivity.

Endocrine System

- The most common endocrine emergency is the diabetic patient.

Endocrine Assessment—History

- Diabetes mellitus or thyroid disease history
- Current medications and whether being taken properly
- Whether patient has eaten or exerted energy at an unusual level
- Whether patient is sick
- Whether patient has taken blood glucose or uses insulin pump

Endocrine Assessment—Physical Examination

- Evaluate patient's mental status.
- Observe the patient's skin.
- Obtain a blood glucose level.
- Look for an insulin pump.

Gastrointestinal System

- Looking for:
  - What goes in
  - What comes out
  - What it looks like when it comes out

Gastrointestinal Assessment—History

- Oral intake
- Pain
- Gastrointestinal issues
- Vomiting
- Bowel movements

Gastrointestinal Assessment—Physical Examination

- Observe patient's position.
- Assess the abdomen.
- Inspect other parts of the gastrointestinal system.
- Inspect vomitus or feces if available.

Immune System

- Allergic reaction most relevant for EMS
  - Anaphylaxis

Immune System—Patient History

- History of allergies
  - If so, what are typical reactions like?
- Symptoms of tightness in chest or throat
- Medications for allergic reaction

Immune System—Physical Examination

- Perform physical examination
  - Inspect point of contact with allergen.
  - Inspect patient's skin for hives.
  - Inspect the face, lips, and mouth for swelling.
  - Listen to lungs to assure adequate breathing.

Musculoskeletal System

- Medical diseases in this system are rare.
- Bones most important aspect to assess

Musculoskeletal Assessment—History

- Prior injuries
- Whether patient takes blood-thinning medication
- History to determine if a medical problem caused the traumatic injury

Musculoskeletal Assessment—Physical Examination

- Inspect for signs of injury, such as deformity.
- Palpate areas with suspected injury.
- Compare sides for symmetry.
- Be alert for crepitation.
- Assess patient head-to-toe if there are multiple injuries or if the patient is unresponsive.

Secondary Assessment of the Medical Patient

Secondary Assessment of the Medical Patient

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

Responsive Medical Patient

- Take a history of present illness.
- Take a past medical history
- Perform physical exam.
- Obtain baseline vital signs.
- Administer interventions and transport the patient.

Take a History of the Present Illness

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

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Take a History of the Present Illness

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

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Take a History of the Present Illness

- Onset
  - What were you doing when the pain started?
- Provocation
  - Does anything trigger pain?
- Quality
  - Describe the pain.

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Take a History of the Present Illness

- Region, Relief
  - Where is pain? Does it seem to spread or shoot anywhere?
- Severity
  - How bad is pain? (1–10 scale)
- Time
  - When did pain start?

Take a Past Medical History

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

Tailoring the Physical Exam for Specific Chief Complaints

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

Pediatric Note

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

Perform a Physical Exam

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

Perform a Physical Exam

Auscultate to listen for the presence and absence of lung sounds.

Obtain Baseline Vital Signs

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

Administer Interventions and Transport the Patient

- Remember a decision for prompt transportation of critical patients or those with specific complaints is part of a treatment plan.

Think About It

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

Unresponsive Medical Patient

- Begin with physical exam and baseline vital signs
- Then gather history from bystanders or family members
- Do rapid assessment of entire body

Perform a Rapid Physical Exam

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

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Perform a Rapid Physical Exam

- Neck
  - Jugular vein distention, medical identification devices
- Chest
  - Breath sounds
- Abdomen
  - Distention, firmness or rigidity

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Perform a Rapid Physical Exam

- Pelvis
  - Incontinence of urine or feces
- Extremities
  - Pulse, motor function, sensation, oxygen saturation, medical identification devices
- Check for Medical ID devices.
- Check pupils.

Obtain Baseline Vital Signs

- Assess:
  - Pulse
  - Respirations
  - Skin
  - Pupils
  - Blood pressure
- Take note of any abnormalities.

Consider a Request for ALS Personnel

- Obtain baseline vital signs.
- Consider a request for ALS personnel.
  - Depends on geographic options, types of facility available

Take a History of Present Illness and a Past Medical History

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

Administer Interventions and Transport Patient

- Look for mechanism of injury or signs that suggest a spine injury.
- If needed, immobilize the patient's spine.

Think About It

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

Think About It

MEDICAL HISTORY. Interview family and bystanders for information about the present illness (OPQRST) and also the SAMPLE history

Physical Examination Techniques Video

Click on the screenshot to view a video on the subject of physical examination techniques.

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Mid-Chapter Review

- The secondary assessment of the medical patient takes two forms, depending on whether the patient is or is not responsive.

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Mid-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.

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Mid-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; then you interview bystanders, family, and friends to get any history that can be obtained.

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Mid-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.

Secondary Assessment of the Trauma Patient

Secondary Assessment of the Trauma Patient

- Injuries can range from slight to severe.
- To determine how serious an injury is consider:
  - Location of injury or injuries on patient
  - Patient's mental status

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Secondary Assessment of the Trauma Patient

- To determine how serious an injury is consider:
  - Patient's airway status
  - Vital signs
  - Mechanism of injury
  - Patient's age or preexisting conditions

Trauma Patient with Minor Injury/Low Priority

- Assessment is focused on areas patient notes are painful or that mechanism of injury (MOI) indicates.
- Determine the chief complaint
- Conduct a history of present illness to gain information on how injury occurred

Determine the Chief Complaint

- What the patient tells you is the matter

Conduct a History of the Present Illness

- Nature of force involved
- Direction and strength of force
- Protective equipment used by patient
- Actions taken to prevent or minimize injury
- Areas of pain and injuries resulting from incident

Physical Examination

- Areas assessed depend on injuries and chief complaint.
- Mechanism of injury may point to potential injuries.
- Three techniques: observation, palpation, and auscultation

Physical Examination

PERFORM A PHYSICAL EXAMINATION OF THE RELEVANT BODY SYSTEMS.
Respiratory, Cardiovascular, Neurologic, Endocrine, Gastrointestinal, Reproductive, Genitourinary.

Physical Examination

- Observe for:
  - Abnormalities in symmetry
  - Color
  - Shape
  - Movement

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Physical Examination

- Palpate for:
  - Abnormalities in shape
  - Temperature
  - Texture
  - Sensation

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Physical Examination

- Auscultate for:
  - Decreased or absent breath sounds

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Physical Examination

- DCAP-BTLS
  - Deformities
  - Contusions
  - Abrasions
  - Punctures and penetrations
  - Burns
  - Tenderness
  - Lacerations
  - Swelling

Obtain Baseline Vital Signs and a Past Medical History

- After physical exam is conducted on a trauma patient, then assess his baseline vital signs and take a past medical history.
- Use SAMPLE and other pertinent questions when examining the patient.

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Obtain Baseline Vital Signs and a Past Medical History

- SAMPLE
  - Signs and symptoms
  - Allergies
  - Medications
  - Pertinent past history
  - Last oral intake
  - Events leading to injury or illness

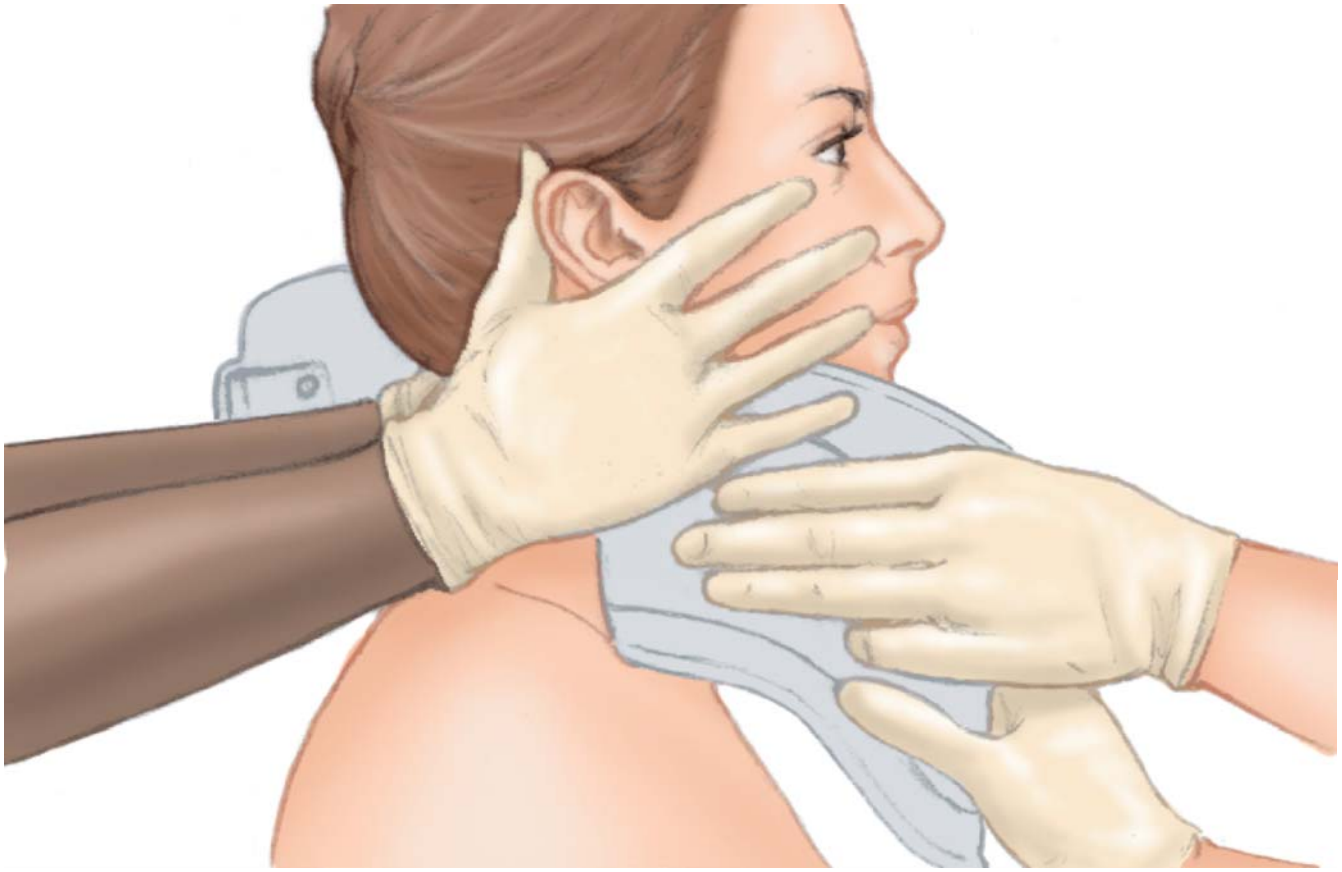
Applying a Cervical Collar

- Apply if MOI, history, or signs and symptoms indicate use.
- Make sure collar is correct size.

Apply Cervical Collar

Sizing a Cervical Collar: 1. Measure the patient's neck.

Apply Cervical Collar

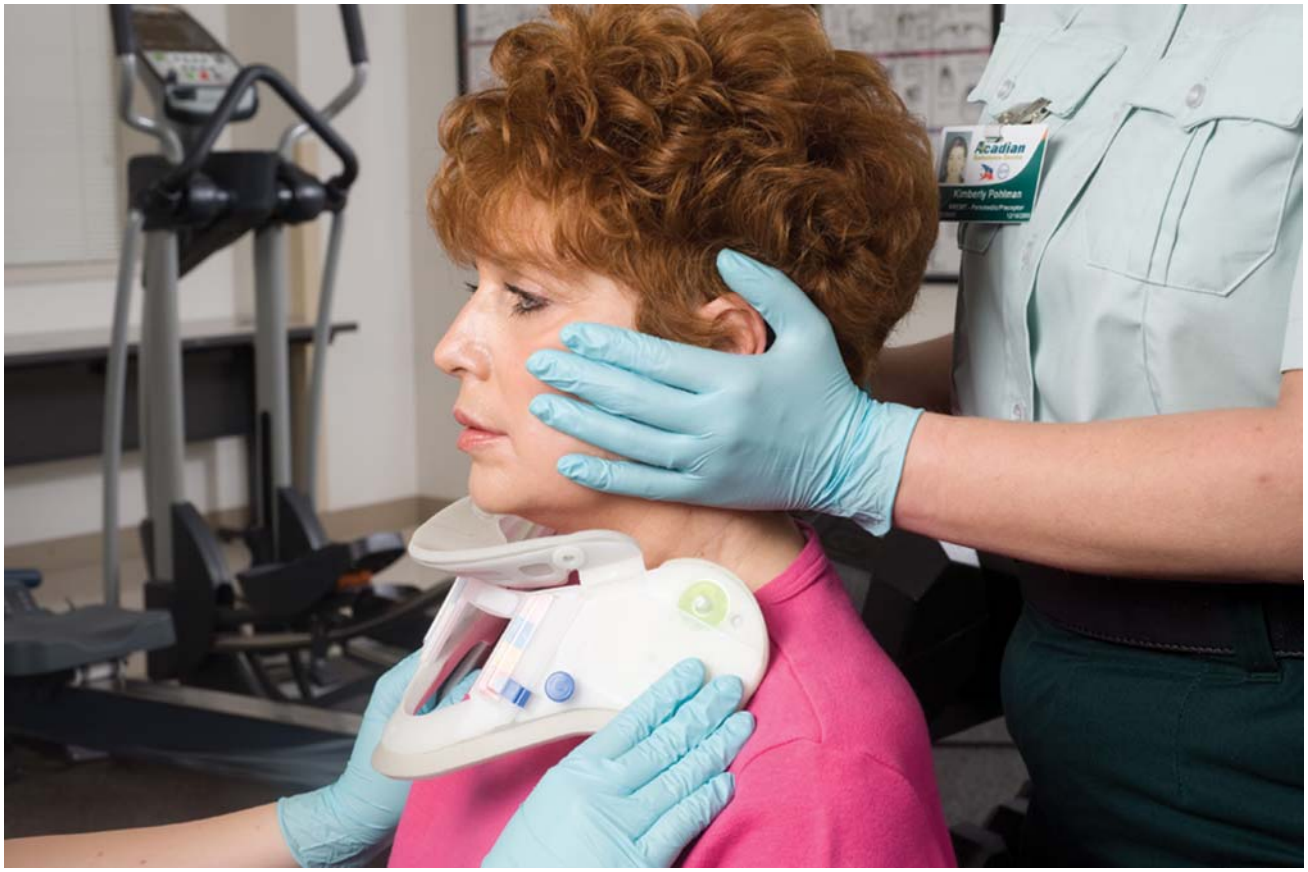


Sizing a Cervical Collar: 2. Measure the collar. The chin piece should not lift the patient's chin and hyperextend the neck. Make sure the collar is not too small or tight, which would make the collar act as a constricting band.

Applying a Cervical Collar

- Assess patient's neck prior to placing collar.
- Reassure patient.
- Size collar.
- Remove jewelry and move hair.
- Keep patient's head in the in-line anatomical position.
- Slide collar into place from front.

Apply Cervical Collar



Applying an Adjustable Collar to a Seated Patient

Applying a Cervical Collar

- Collar alone does not provide adequate in-line immobilization.
- Must be paired with manual stabilization or fixation to long board.

Trauma Patient with Serious Injury or Multisystem Trauma/High Priority

- Continue spinal stabilization
- Consider a request for Advanced Life Support (ALS) personnel

Secondary Assessment: Trauma Patient with Significant Injury

RAPID TRAUMA ASSESSMENT: Rapidly assess each part of the body.
HEAD: Check for wounds, tenderness, and deformities plus crepitation.

Perform a Rapid Trauma Assessment

- Requires only a few moments
- Should be performed at scene
- Care provided en route will be based on this assessment.

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Perform a Rapid Trauma Assessment

- Rapid assessment of the head
  - Palpate cranium, face, ears, eyes, nose, and mouth
  - Blood or clear fluid are serious findings.
- Rapid assessment of the neck
  - Wounds, tenderness, deformities, and jugular vein distention
  - Stoma or tracheostomy

Assessing Chest and Abdomen

RAPID TRAUMA ASSESSMENT: Rapidly assess each part of the body.
CHEST: Auscultate for breath sounds (presence, absence, and equality).

Assessing the Chest

RAPID TRAUMA ASSESSMENT: Rapidly assess each part of the body.
CHEST: Inspect and palpate for wounds, tenderness, and deformities plus crepitation and paradoxical motion.

Perform a Rapid Trauma Assessment

- Application of a cervical collar
  - Size and apply if indicated by protocols
- Rapid assessment of the chest
  - Paradoxical motion, crepitation, and breath sounds
  - Rib cage and chest must be exposed.

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Perform a Rapid Trauma Assessment

- Rapid assessment of the abdomen
  - Distention, pulsating mass
  - Gently press down on quadrants.
- Rapid assessment of the pelvis
  - Bleeding
  - Priapism
- Rapid assessment of the extremities
  - Tenderness, deformities, circulation, sensation, and motor function

Assessing the Abdomen

RAPID TRAUMA ASSESSMENT: Rapidly assess each part of the body.
ABDOMEN: Check for wounds, tenderness, and deformities plus firm, soft, and distended areas.

Perform a Rapid Trauma Assessment

- Rapid assessment of the posterior body and immobilization on a backboard
  - Roll patient on side, then assess
  - When you roll the patient into a supine position, they will be on the backboard.
- Obtain baseline vital signs and past medical history
  - Use pulse oximeter if applicable

Posterior/Back

RAPID TRAUMA ASSESSMENT: Rapidly assess each part of the body.
POSTERIOR: Check for wounds, tenderness, and deformities. (To examine posterior, roll patient using spinal precautions.)

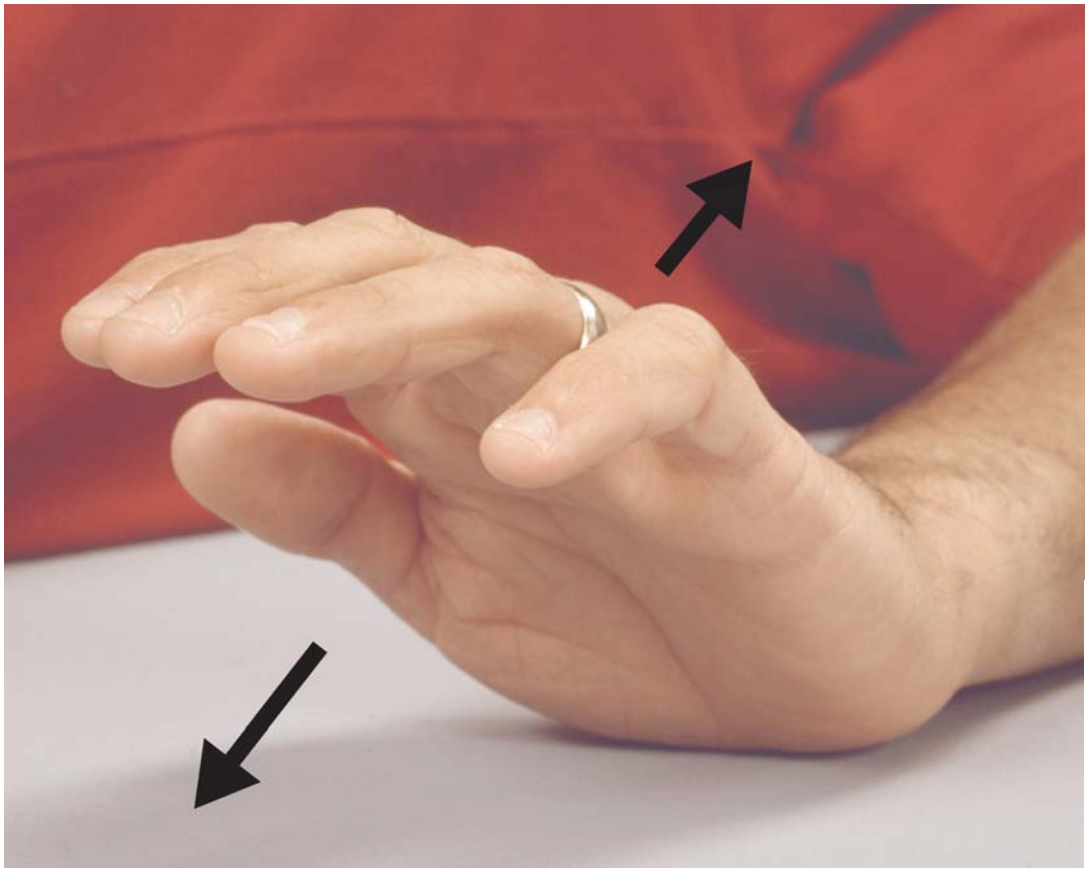
Some General Principles

- Communicate with patient.
- Expose injured area before examining it.
- Maintain eye contact.
- Assume spinal injury.
- Stop or alter assessment process to provide care.

Assess Distal Circulation, Sensation, Motor Function

1. Assess distal circulation in the upper extremities by feeling for radial pulses.

Assess Distal Circulation, Sensation, Motor Function



2. Assess distal motor function by checking the patient's ability to move both hands.

Assess Distal Circulation, Sensation, Motor Function

3. Assess strength in the hands by asking the patient to squeeze your fingers.

Assess Distal Circulation, Sensation, Motor Function

5. Check distal circulation in the lower extremities by feeling the posterior tibial pulse just behind the medial malleolus of the ankle.

Pediatric Note

- Lesser mechanisms can cause significant damage.
- Explain assessments more thoroughly in this population.

Think About It

- What criteria would you use to decide whether to perform a focused physical exam or a rapid trauma exam?

Trauma Patient Assessment Video

Click on the screenshot to view a video on the subject of managing treatment of a trauma patient.

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Detailed Physical Exam

Detailed Physical Exam

- Typically completed en route to hospital
- Gathers additional information
- Complements primary and secondary assessments
- Performed after all critical interventions completed
- Primary assessment re-evaluated again before initiating

Trauma Patient with a Significant Injury

- For these patients, you will have assessed almost the entire body during the rapid trauma assessment.
- Now need to assess the entire body more thoroughly to possibly reveal signs or symptoms of injury you may have missed or have changed since the rapid trauma assessment.

Before Beginning the Detailed Physical Exam

- Remember to perform this only after you have performed all critical interventions.
- If you are treating a severely injured patient and are too busy to complete the detailed exam, it is not a failure.
  - It is your responsibility to give the patient the best care possible, which may mean skipping the exam in order to maintain ABCs.

Performing the Detailed Physical Exam

- Expose patient.
- Work around immobilization equipment.
- Components similar to rapid trauma exam
  - More detail and focus

Trauma Patient Who Is Not Seriously Injured

- Generally does not need a detailed physical exam
- Keep a high index of suspicion, and when in doubt perform a detailed physical exam.
- Be aware of patient's fear and need for emotional support.

Think About It

- Is it necessary to always complete a detailed assessment on a trauma patient with no significant mechanism or injury?

Mid-Chapter Review

- The patient without a significant mechanism of injury receives a history of the present illness and physical exam focused on areas that the patient complains about and areas that you think may be injured based on the mechanism of injury.
- Next gather a set of baseline vital signs and a past medical history.

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Mid-Chapter Review

- For the patient with a significant injury or MOI, ensure continued manual stabilization of the head and neck, consider whether to call Advanced Life Support personnel (if available), get a brief history of the present illness, and perform a rapid trauma assessment.

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Mid-Chapter Review

- In the rapid trauma assessment, look for wounds, tenderness, and deformities, plus certain additional signs appropriate to the part being assessed (as summarized in Table 14-8). Systematically examine the head, neck, chest, abdomen, pelvis, extremities, and posterior body.

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Mid-Chapter Review

- After assessing the neck, apply a cervical collar. After completing the physical assessment, immobilize the patient to a spine board and get a baseline set of vital signs and a past medical history.

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Mid-Chapter Review

- After you have performed the appropriate critical interventions and begun transport, the patient may receive a detailed physical exam en route to the hospital.

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Mid-Chapter Review

- The detailed physical exam is very similar to the rapid trauma assessment, but there is time to be more thorough in the assessment. The detailed physical exam does not take place before transport unless transport is delayed.

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Mid-Chapter Review

- The detailed physical exam is most appropriate for the trauma patient who is unresponsive or has a significant injury or unknown MOI.
- A responsive trauma patient with no significant injury or MOI will seldom require a detailed physical exam.

Reassessment

Reassessment

- Continues on initial steps of assessment
- Identifies changes and trends
- Must never be skipped except when lifesaving interventions prevent you from doing it

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Reassessment

- Identifies
  - Changes
    - Subtle and profound
  - Trends
  - Deterioration
  - Improvement

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Reassessment

- Communicate with the patient.
  - Explain process.
  - Consider patient's feelings, such as anxiety or embarrassment.

Components of Reassessment

- Repeat the primary assessment
  - Recheck for life-threatening problems
    - Reassess mental status.
    - Maintain open airway.
    - Monitor breathing for rate and quality.
    - Reassess pulse for rate and quality.
    - Monitor skin color and temperature.
    - Reestablish patient priorities.

Pediatric Note

- The mental status of an unresponsive child or infant can be checked by shouting (verbal stimulus) or flicking the feet (painful stimulus).
- Crying is an expected response from a child with adequate mental status.

Components of Reassessment

- Reassess and record vital signs
  - Compare results with baseline measurements.
  - Reevaluate oxygen saturation.
  - Document findings to record and identify trends.

Think About It

- Think of an example of a problem that might develop into a life threat to the patient on the way to the hospital.

Components of Reassessment

- Repeat pertinent parts of the history and physical exam
  - Chief complaint may change, especially with regard to severity.
  - Ask about changes in symptoms, especially ones anticipated because of treatments administered.

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Components of Reassessment

- Repeat pertinent parts of the history and physical exam
  - Repeat physical exam to identify changes from baseline.
  - Check any interventions.

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Components of Reassessment

- Check interventions
  - Ensure adequacy of oxygen delivery and artificial ventilation.
  - Ensure management of bleeding.
  - Ensure adequacy of other interventions.

Check Interventions

4. Check interventions.

Think About It

- Describe an example of an intervention that might need to be reevaluated and discuss your process for examining it.

Observing Trends

- Repeat reassessment steps frequently.
- Establish and document trends.
- Trending
  - Observing patterns that have emerged among vital signs
- Trends may indicate new treatments or adjustments to ongoing treatments.

Observing Trends

2. Reassess and record vital signs.

Reassessment for Stable and Unstable Patients

- Patient's condition, as well as length of time with patient, will determine how often you reassess.
- The more serious patient's condition, the more often you will reassess.

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Reassessment for Stable and Unstable Patients

- When to reassess
  - Every 15 minutes for stable patient
  - Every 5 minutes for unstable or potentially unstable patient
  - If you believe there may have been a change in patient's condition, repeat at least primary assessment.

Mid-Chapter Review

- Reassessment is the last step in your patient assessment.
- You should reassess a stable patient at least every 15 minutes and an unstable patient at least every 5 minutes.

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Mid-Chapter Review

- Elements of reassessment include repeating the primary assessment, repeating and recording vital signs, repeating pertinent parts of the history and physical exam, and checking the interventions you performed for the patient.

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Mid-Chapter Review

- Interventions you need to check include oxygen, bleeding, spine immobilization, and splints.

Critical Thinking and Decision Making

EMT Diagnosis and Critical Thinking

- Diagnosis is label for condition.
  - Based on history, physical examination, vital signs
  - Involves both physical and intellectual activity

EMT Diagnosis and Critical Thinking

The traditional approach to reaching a diagnosis includes interviewing the patient in the controlled environment of a clinic or office.

How a Clinician Reaches a Diagnosis

- Clinicians have different levels of training, experience, time, technology and other resources.
- Techniques vary among types of clinicians.

The Traditional Approach to Diagnosis in Medicine

- Assess patient
- List of conditions or diagnoses
  - "Differential diagnosis" or "the differential"
- Further evaluation
  - Reevaluate the differential
- Final diagnosis

Traditional Approach to Diagnosis

The emergency physician assesses patients in the busy, hectic atmosphere of an emergency department. © *Edward T. Dickinson, MD*

The Emergency Medicine Approach to Diagnosis

- Quickly rule out and treat immediate life threats.
  - Stabilize patient.
- Return to gather additional information.
- Focus on ruling out worst-case scenario.
  - Red flags suggest problem serious.
- May be responsible for multiple patients

The EMS Approach to Diagnosis

- Must be very efficient
  - Be available for another call as soon as possible.
- Work in uncontrolled environment
- Limited tools and skill set
- Narrow educational focus

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The EMS Approach to Diagnosis

- Follows same steps as emergency physician
  - Most are abbreviated or limited.
- Considers most serious conditions associated with patient
  - Rules them in or out
- Creates a diagnosis

Think About It

- You can reach a diagnosis, but your work is not done. Why?

The Highly Experienced Clinician's Approach to Diagnosis in Medicine

- Experienced clinicians learn heuristics (shortcuts).
  - Pattern recognition
  - Features narrowing possibilities
- Allows efficient diagnosis and prompt treatment
- Realizes limitations of shortcuts
  - Understands common biases of heuristics

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The Highly Experienced Clinician's Approach to Diagnosis in Medicine

- Common heuristics
  - Representativeness
  - Availability
  - Overconfidence
  - Confirmation bias
  - Illusory correlation
  - Anchoring and adjustment
  - Search satisfying

Decision-Making Information Video

Click on the screenshot to view a video on the subject of making decisions.

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How an EMT Can Learn to Think Like an Experienced Physician

- Learn to love ambiguity.
- Understand the limitations of technology and people.
- Realize that no one strategy works for everything.
- Form a strong foundation of knowledge.

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How an EMT Can Learn to Think Like an Experienced Physician

- Organize the data in your head.
- Change the way you think.
- Learn from others.
- Reflect on what you have learned.

Think About It

- What are some of the important things to remember as you learn how to make a diagnosis and improve your critical thinking skills in EMS?

Leadership Video

Click on the screenshot to view a video on the subject of effective leadership.

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Delegating Authority Video

Click on the screenshot to view a video on the subject of delegation.

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Chapter Review

Mid-Chapter Review

- EMTs make some diagnoses in the field, although they are not as extensive or detailed as physicians' diagnoses.
- The traditional approach to reaching a diagnosis is to assess the patient, draw up a list of differential diagnoses, assess further to rule in or rule out different conditions, and narrow the list until you reach a conclusion.

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Mid-Chapter Review

- Highly experienced physicians don't always use the traditional approach. They use heuristics (shortcuts) in combination with their experience and training, which speeds up the process of reaching a diagnosis.

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Mid-Chapter Review

- Shortcomings of heuristics include representativeness, anchoring and adjustment, overconfidence, confirmation bias, illusory correlation, and search satisfying.

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Mid-Chapter Review

- Learn to think more critically by accepting the ambiguity of EMS working conditions, understanding limitations of people and technology, forming a strong foundation of knowledge, and organizing the data in your mind.

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Mid-Chapter Review

- When considering the cause of a patient's condition, don't let your search for a cause delay your treatment of the patient.

Remember

- Use MOI to determine the need for a rapid trauma assessment.
- Assume spinal injury.
- Work as a team to complete the assessment.

Questions to Consider

- How do the focused physical exam of a trauma patient with a significant MOI differ from those for a trauma patient with no significant MOI?

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Questions to Consider

- List the steps and areas covered in the rapid trauma assessment. How are these steps different in the detailed assessment?

Critical Thinking

- You are assessing a patient who fell three stories. He is unresponsive and bleeding into his airway. The driver of the ambulance is positioning the vehicle and bringing equipment to you.

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Critical Thinking

- How do you balance the patient's need for airway control (he requires frequent suctioning) with the need to assess his injuries?