Assessment of the Medical Patient
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
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<td>Explain the importance of checking baseline vital signs in the unresponsive medical patient. Slides 24, 31</td>
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<td>Recognize situations in which you should consider requesting the assistance of advance life support personnel for a medical patient. Slide 25</td>
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14.10 Identify other sources of patient information for the unresponsive or uncooperative medical patient. Slides 22, 26–27
• 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?
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
• The history and physical exam of the medical patient takes two forms, depending on whether the patient is responsive.
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.
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.
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?
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.

\textit{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.
Critical Thinking

- How can you quickly get him to calm down and give you his father’s medical history?
Please visit Resource Central on www.bradybooks.com to view additional resources for this text.