Primary Care Paramedic (PCP) – Patient Assessment Card

PATIENT ASSESSMENT MODEL

Ongoing…

Notification

I Identify	Name, License level Patient Age + Sex
S Situation	NOI / MOI
B Background	Pertinent Patient History (Focused Hx. / OPQRST / HIBGIA)
A Assessment	Full set recent vitals & Treatment given + Response
R Recommendation	Treatment plan & ETA

Reassessment: Vitals, Interventions, History
- Detailed History
- Detailed Physical
- Packaging

Hand off Report

A *Age & Sex*	**A** *Allergies & Reaction (WHIPS)*
T Time *Injury onset* **M** MOI / NOI	**M** Medication *Current & Changes*
I Injuries *& Findings* **S** Signs *Vitals / GCS*	**B** Background Social, Family or Notable History
T Treatments ***done****?*	**O** Other Info

GLASGOW COMA SCALE

EYES OPEN	BEST VERBAL RESPONSE	BEST MOTOR RESPONSE
4 – Spontaneously	**5 –** Orientated	**6 –** Obeys Commands
3 – To Speech	**4 –** Confused	**5 –** Localizes to Pain
2 – To Pain	**3 –** Inappropriate words	**4 –** Withdraws from Pain
1 – No response	**2 –** Incomprehensible Sounds	**3 –** Flexion to Pain (decorticate)
	1 – No response	**2 –** Extension to Pain (decerebrate)
		1 – No Response

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PATIENT ASSESSMENT MODEL

Scene
- Hazards
- Environment
- MOI / NOI
- Patient Number
- PPE
- Back-up needed?

Initial

Visual Assessment / Condition of Patient

C-Spine consideration

(AVPU)

Airway	manual, adjunct, position
Breathing	skin, O2, ventilation, position
Circulation	skin, position

Rapid Assessment

Focused Assessment
(Consider a Systems Based Approach)

Top Differentials (3)

History & Vitals

Baseline Vital Signs	Focused History (C/C, History of C/C, Events, LOI)
	Allergies, **M**edications, **P**ast Medical History
	Symptom Assessment

Infer Provisional Diagnosis

Reassess **Transport** Decision

Treatment and Transport Consideration

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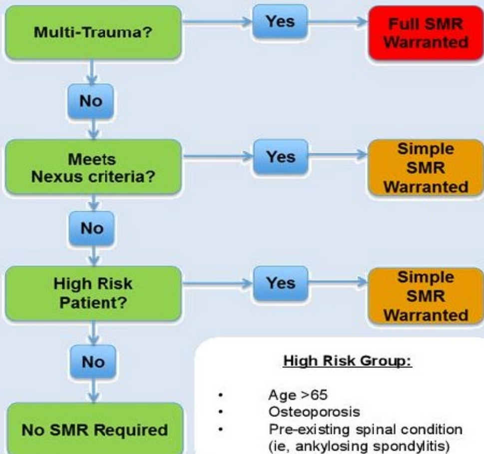
BCEHS | BC Emergency Health Services

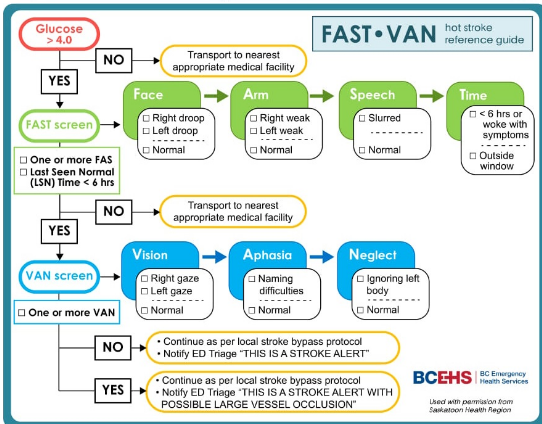
Adult Cervical SMR Decision Matrix

Patients Aged 16 - 65



Simple SMR: Cervical collar on – head not taped; patient on mattress not clamshell; head of stretcher up 30º only if head injured

Multi-trauma: more than one simultaneous injury, such as multiple bone fractures, major lacerations and damage to internal organs or major blood vessels.



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1. **Is there midline tenderness?**
2. **Is there an altered LOC?**
   - Must be alert and oriented x 3 (or 4)
3. **Are there new focal neurological deficits?**
4. **Are they intoxicated?**
   - Judgement and pain sensation must be intact
5. **Is there a major distracting injury?**
   - Significant enough to interfere with their ability to assess pain response when palpating spine

No to ALL FIVE questions – SMR is not warranted.

Thoracolumbar Injuries

If the patient does not require SMR as per NEXUS criteria, but has any of the following findings, do **not** sit the patient up or raise the head of the stretcher on the assumption that T/L spine injuries may be present:

- Dangerous mechanism of injury
- Fall from height>3m
- Axial load to head or base of spine
- High speed MVC (>100kph)
- Rollover MVC
- Pre-existing spinal pathology
- New back deformity, bruising, or bony midline tenderness on logroll

Figure 1: START method for adults