



Primary Care Paramedic (PCP)

**PATIENT ASSESSMENT MODEL**

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

**Clinical Consultation**

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

**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

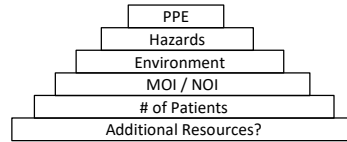


Primary Care Paramedic (PCP)

**PATIENT ASSESSMENT MODEL**

**Scene Assessment**

**Protect / Plan**



**Primary Survey**

**Life Threatening**

Visual Assessment / Condition of Patient

**STOP THE BLEED**

**Spinal Motion Restriction (AVPU)**

<b>Airway</b>	Clear, Open, Protect, Position
<b>Breathing</b>	Skin, O2, Ventilation, Position
<b>Circulation</b>	Skin, Position, Chest compression

**Rapid Assessment**

**Stable/Unstable - Transport Decision**

**Secondary Survey**

**Treatment and Transport Consideration**

**Focused Assessment (Based on Injury or Illness)**

<b>Baseline Vital Signs</b>	<b>Focused History</b> Chief Complaint C/C Hx C/C Allergies Medications PMHx
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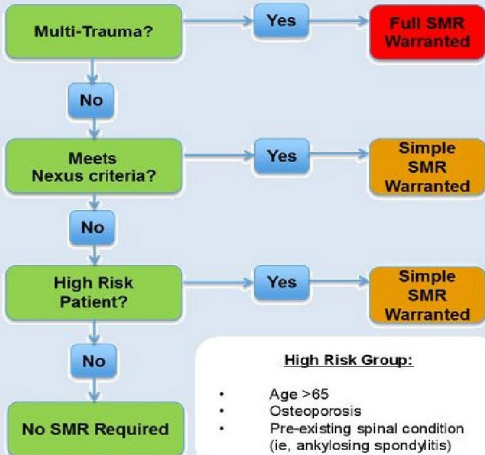
**Differential Diagnosis**

**Detailed Physical Assessment**

**Detailed History - Functional Inquiry**

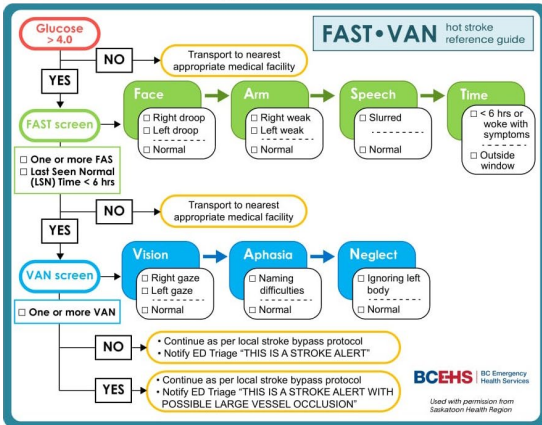
**Ongoing Reassessment/Treatments**

### 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 30° 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.



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

