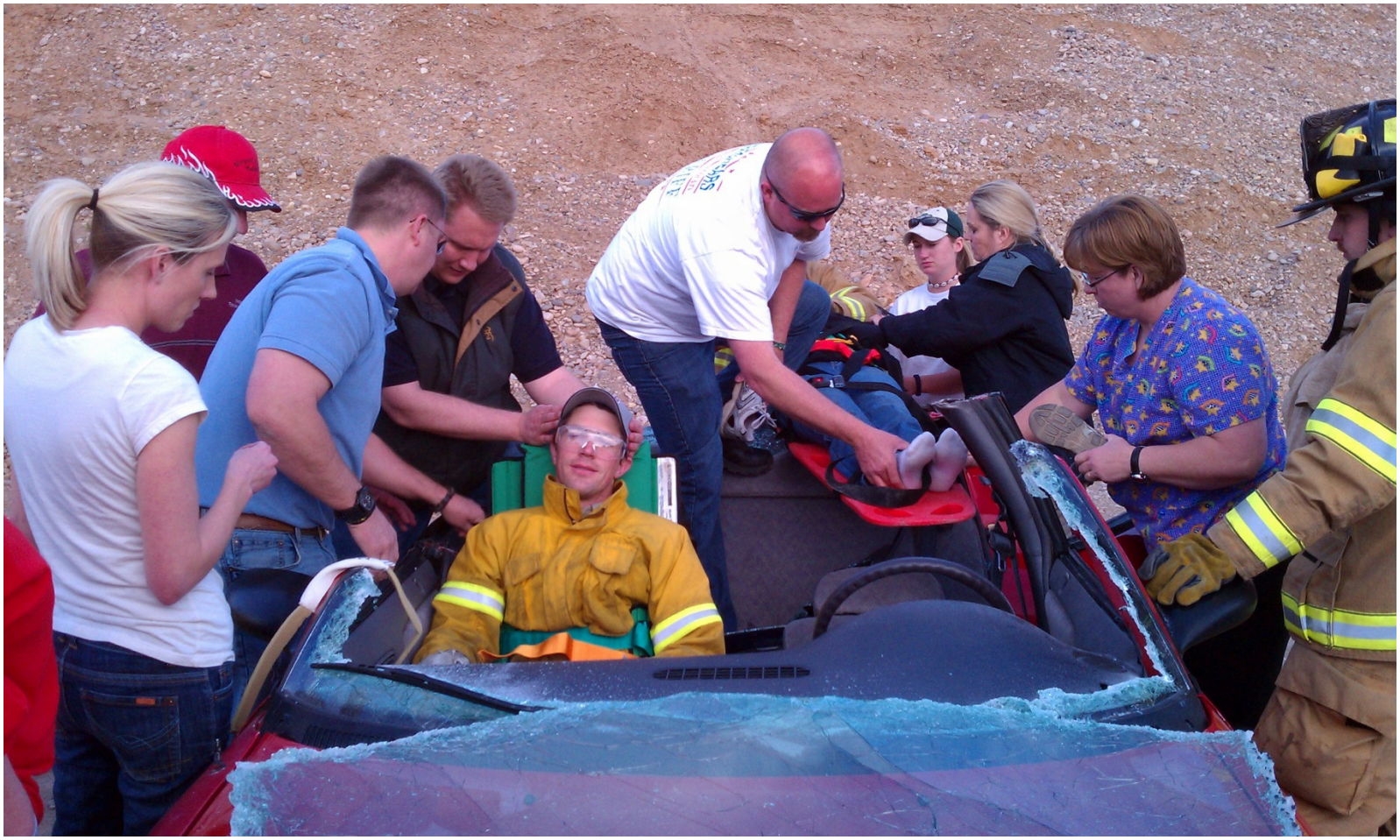
Primary Assessment



You Are the Emergency Medical Responder

Your rescue unit arrives at a scene to find a distraught mother who says, "I can't wake my baby up." The infant appears to be unconscious and is turning blue.

What are your immediate priorities?

What should you do first?

Primary Assessment*

A check for conditions that are an immediate threat to a patient's life.

Primary Assessment*

One of the most essential aspects of an EMR is the primary assessment. You will quickly identify the following conditions:

- General impression
- Level of Consciousness – LOC
- Airway
- Breathing
- Circulation

Sizing Up a Scene

- Scene safety – before any care is provided
- Mechanism of Injury (MOI)
- Nature of Illness (NOI)
- Number of patients involved – Look!
- Resources needed – more advanced medical personnel

Activity

You are called to the home of an older woman. Her daughter arrived at the home and found her mother lying on the kitchen floor moaning in pain and unable to move. The elderly woman is lying face-down on the floor, pointing to her right leg and mumbling that it hurts terribly. She is wearing a bathrobe and socks. There are numerous bottles of pills on the kitchen counter near the woman. There is also a small kitchen throw rug that is crumpled up near the doorway. The woman's slippers are under the kitchen table.

What possible clues that would indicate the MOI?

Summoning More Advanced Medical Personnel

- Unconsciousness or altered LOC
- Breathing problems
- Prolonged chest pain or persistent abdominal pain/pressure
- No pulse
- Seizures, stroke or severe burns
- Suspected head, neck or spinal injuries
- Severe external bleeding
- Suspected or open fracture

General Impression

- Look for:
  - Signs – evidence of injury (e.g. bleeding, skin appearance
  - Symptoms – what the patient reports experiencing (e.g. pain, nausea, headache, shortness of breath)
- Check for immediate life-threatening conditions
  - Conscious
  - Open airway
  - Breathing
  - Pulse
  - Severe bleeding

Determining LOC

LOC = Level of Consciousness

- Are you OK?
- What happened?
- What is your name?
- Where are you?
- What day of the week is it?
- Adapt questions appropriate to age of patient

Remember to identify yourself, level of training, ask if you can help, explain observations, and explain what is planned

AVPU*

Method to describe a patient's LOC

A = Alert – Person, place, time

V = Verbal – opens eyes to voice/sounds

P = Painful – pinching collarbone/earlobe

U = Unresponsive – no response to any stimuli

Activity

Upon entering the office restroom, you find a fellow co-worker lying on the floor. You notice a small gash on the back of the head that is oozing bright red blood.

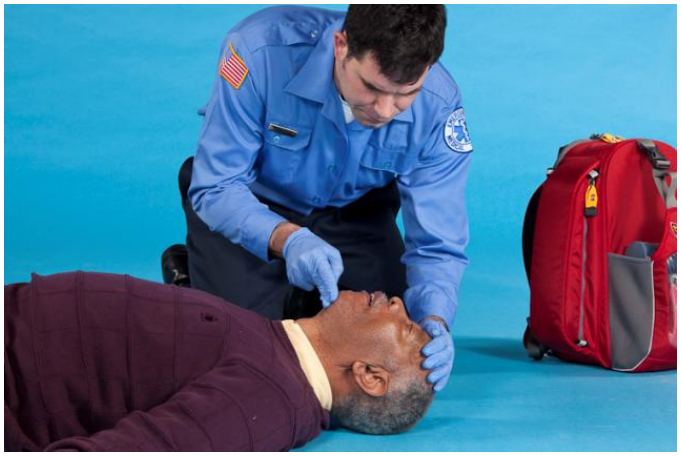
How would you go about determining the the person's LOC using the AVPU scale?

Airway Status

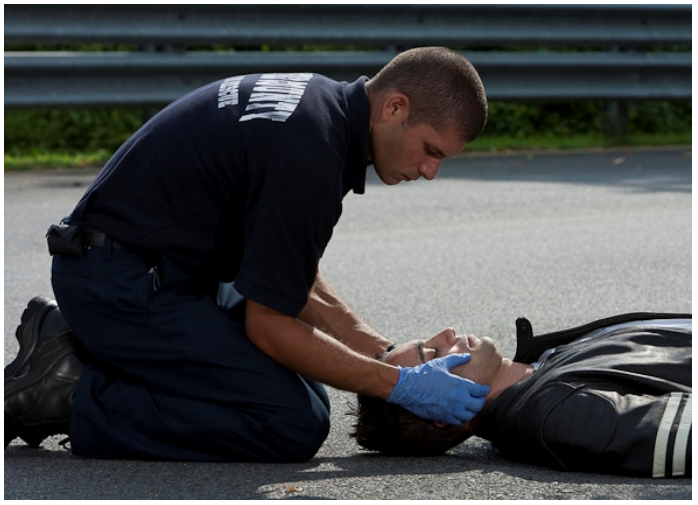
- An open airway is necessary for breathing; without it the person cannot breathe
- A person who is speaking or crying, is conscious, has an open airway, is breathing and has a pulse
- Person may still be at risk for a compromised airway

Opening the Airway*

- Head-tilt/chin-lift technique
  - No head, neck or spinal injury



- Jaw-thrust (without head extension) maneuver, p. 153
  - If head, neck or spinal injury suspected



Breathing Status

- Look for chest to rise and fall
- **Look, listen and feel*** for air escaping through the mouth and nose while checking for a definite pulse for no more than **10 seconds**
- In an unresponsive adult, you may detect an isolated or infrequent gasping, which can occur after the heart has stopped beating (agonal gasp). Agonal gasps are not breathing.
- Care for the patient as if there is no breathing at all

Respiratory Rates

- Normal:
  - Adults: 12 to 20 breaths per minute
  - Children: 15 to 30 breaths per minute
  - Infants: 30 to 50 breaths per minute
- Abnormal:
  - Adults: <8 or >20 breaths per minute
  - Children: <10 or >30 breaths per minute
  - Infants: <20 or >60 breaths per minute

Use of Emergency Oxygen or Ventilations

- Patient who—
  - Is unresponsive
  - Is hypoxic
    - Pale, cool, clammy, moist skin is an early sign of inadequate oxygenation
  - Is cyanotic
    - The mouth, lips and nail beds appear blue
  - Has shallow respirations
  - Is breathing increasingly slow
  - Is tolerant of assisted ventilation

Resuscitation Mask

Give 2 initial ventilations if—

- The patient is a child or an infant.
- The cause is respiratory (e.g., drowning, hypoxia).

Using a Resuscitation Mask DVD

How do you determine if a patient is breathing?

- Looking for chest movement.
- Listening for the sound of air movement.
- Feeling for air coming out of the nose or mouth.

Circulatory Status

If the heart has stopped, blood will not circulate, possibly resulting in severe brain damage or death due to lack of oxygen.

How do you determine a patient's circulatory status?

Circulatory Status

- **Check pulse** while determining breathing*
  - Adults and child – carotid
  - Infants – brachial
- Quick scan for severe bleeding
- Perfusion– circulation of blood through the body.
  - Skin color
  - Skin temperature
  - Skin moisture
  - Capillary refill

Checking for a pulse

- Carotid
- Radial
- Brachial
- Capillary Refill (more reliable in children)

Primary Assessment DVD

Primary Assessment Skill (pg. 158-159)

- General impression
- Level of Consciousness – LOC
- Airway
- Breathing
- Circulation

Using a Resuscitation Mask Skill (pg. 154-155)

Life Threats

- Vital signs
  - Consciousness - LOC
  - Breathing – respiratory rate
  - Circulation – pulse & skin
- Unstable patients
  - Reassessed every 5 minutes
- Stable patients
  - Reassessed every 15 minutes

You Are the Emergency Medical Responder

As you begin a primary assessment, you verify that the infant is unconscious.

What are your next steps in the primary assessment?

Should you call for more advanced personnel?