

**PATIENT ASSESSMENT – BASIC MEDICAL**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

**Pass**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Fail**

Time Start: _____		Time Limit: 10 min		Points Possible	Points Awarded		
Takes or verbalizes body substance isolation precautions				1			
<b>SCENE SIZE-UP</b>							
Determines the scene is safe				1			
Determines the mechanism of injury / nature of illness				1			
Determines the number of patients				1			
Requests additional help if necessary				1			
Considers stabilization of spine				1			
<b>INITIAL ASSESSMENT</b>							
Verbalizes general impression of the patient				1			
Determines responsiveness / level of consciousness				1			
Determines chief complaint / apparent life threats				1			
Assesses airway and breathing		Assessment		1			
		Indicates appropriate oxygen therapy		1			
		Assures adequate ventilation		1			
Assesses circulation		Assesses / controls major bleeding		1			
		Assesses pulse		1			
		Assesses skin (color, temp and condition)		1			
Identifies priority patients / makes transport decisions				1			
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION / RAPID ASSESSMENT</b>							
Signs and symptoms (Assess history of present illness)				1			
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	Poisoning / Overdose	Environmental Emergencies	Obstetrics	Behavioral
<ul style="list-style-type: none"> <li>• Onset?</li> <li>• Provokes?</li> <li>• Quality?</li> <li>• Radiates?</li> <li>• Severity?</li> <li>• Time?</li> <li>• Interventions?</li> </ul>	<ul style="list-style-type: none"> <li>• Onset?</li> <li>• Provokes?</li> <li>• Quality?</li> <li>• Radiates?</li> <li>• Severity?</li> <li>• Time?</li> <li>• Interventions?</li> </ul>	<ul style="list-style-type: none"> <li>• Description of the episode.</li> <li>• Onset?</li> <li>• Duration?</li> <li>• Associated Symptoms?</li> <li>• Evidence of Trauma?</li> <li>• Interventions?</li> <li>• Seizures?</li> <li>• Fever?</li> </ul>	<ul style="list-style-type: none"> <li>• History of allergies?</li> <li>• What were you exposed to?</li> <li>• How were you exposed?</li> <li>• Effects?</li> <li>• Progression?</li> <li>• Interventions?</li> </ul>	<ul style="list-style-type: none"> <li>• Substance?</li> <li>• When ingested / exposed?</li> <li>• How much ingested?</li> <li>• Over what time period?</li> <li>• Interventions?</li> <li>• Estimated weight?</li> </ul>	<ul style="list-style-type: none"> <li>• Source?</li> <li>• Environment?</li> <li>• Duration?</li> <li>• Loss of consciousness?</li> <li>• Effects – general or local?</li> </ul>	<ul style="list-style-type: none"> <li>• Are you pregnant?</li> <li>• How long have you been pregnant?</li> <li>• Pain or contractions?</li> <li>• Bleeding or discharge?</li> <li>• Do you feel the need to push?</li> <li>• Last menstrual period?</li> </ul>	<ul style="list-style-type: none"> <li>• How do you feel?</li> <li>• Determine suicidal tendencies.</li> <li>• Is the patient a threat to self or others?</li> <li>• Is there a medical problem?</li> <li>• Interventions?</li> </ul>
Allergies				1			
Medications				1			
Past pertinent history				1			
Last oral intake				1			
Event leading to present illness (rule out trauma)				1			
Performs focused physical examination (assesses affected body part / system or, if indicated, completes rapid assessment)				1			
Vitals (obtains baseline vital signs)				1			
Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention / treatment)				1			
Transport (re-evaluates transport decision)				1			
Verbalizes the consideration for completing a detailed physical examination				1			
<b>ONGOING ASSESSMENT (verbalized)</b>							
Repeats initial assessment				1			
Repeats vital signs				1			
Repeats focused assessment regarding patient complaint or injuries				1			
Time End: _____		Minimum Score: 24		Total:	30		

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions when necessary
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not obtain medical direction or verbalize standing orders for medical interventions
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did not perform or focused history / physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not ask questions about the present illness
- \_\_\_\_\_ Administered a dangerous or inappropriate intervention

**You must factually document your rationale for checking any of the above critical items on the reverse side of this form.**