Learning Objectives

• Discuss how assessment-based management contributes to effective patient and scene assessment.
• Describe factors that affect assessment and decision making in the prehospital setting.
• Outline effective techniques for scene and patient assessment and choreography.
Learning Objectives

• Identify essential take-in equipment for general and selected patient situations.
• Outline strategies for patient approach that promote an effective patient encounter.
• Describe techniques to permit efficient and accurate presentation of the patient.

Effective Assessment

• Assessment-based management
  – Describes comprehensive care based on patient assessment
  – Effective assessment depends on patient’s history and physical examination
  – Paramedic’s knowledge of disease allows him or her to hold high degree of suspicion for possible illness
    • Helps to focus history toward patient’s complaint and associated problems

• Paramedic must focus physical examination toward body systems associated with complaint
  – Some field situations may impair thoroughness of examination
    • Unsafe scenes or entrapment may hinder process
  – Paramedic must not overlook importance of physical examination nor perform it hastily
Pattern Recognition

- Once paramedics obtain patient’s history and perform physical examination, can compare information gathered with their knowledge base of medical illness and disease
  - Must ask whether history and physical examination match recognized pattern of illness
    - Pattern recognition

Pattern Recognition

- Pattern recognition
  - Makes it possible for paramedic to form field impression and to begin treatment plan
  - Greater knowledge base and quality of assessment, greater probability of appropriate decision making and quality patient care

How can pattern recognition lead you down the wrong path?
Field Impression and Action Plan

• Paramedic forms field impression of patient’s condition from pattern recognition and from "gut instinct" that comes from experience
  – After making field impression, it must be confirmed through patient history and physical examination
  – Then, paramedic can formulate action plan
    • Based on patient’s condition and environment

Field Impression and Action Plan

• Following field impression and action plan, paramedic provides basic and advanced life support treatment
  – These treatments are based on knowledge of protocols and on judgment
    • Knowing when and how to apply protocols
  – Judgment also involves knowing when appropriate to deviate from protocols
Field Impression and Action Plan

- Deviate from protocols
  - Example: administration of nitroglycerin to 58-year-old man complaining of ischemic chest pain
    - His BP is within normal range, but during patient history he reveals he has taken Viagra within past 18 hours
    - Administration of nitroglycerin can cause lethal drop in BP in these patients
    - Good judgment in this case would lead paramedic to deviate from common protocol used to manage normotensive patients with ischemic chest pain

How can you continue to improve your patient care judgment?
Factors That Affect Assessment and Decision Making

• Many factors can affect quality of assessment and decision making by paramedic
  – Paramedic's attitude
  – Patient's willingness to cooperate
  – Distracting injuries
  – Labeling and tunnel vision
  – Environment
  – Patient compliance
  – Manpower considerations

Have you ever seen any of these factors affect patient care?

Paramedic’s Attitude

• Paramedic must be professional and nonjudgmental in all actions
  – These traits are required to perform effective assessment
  – Biased or judgmental attitude can "short circuit" information-gathering process
  – Can cause paramedic to overlook important patient data
Patient’s Willingness to Cooperate

- Patient cooperation is important in providing patient care
  - Patients who do not cooperate can complicate patient assessment required to formulate action plan
  - Evaluate patients who are uncooperative, restless, belligerent for following conditions
    - Alcohol or other drug intoxication
    - Head injury or concussion
    - Hypoglycemia
    - Hypothermia
    - Hypovolemia
    - Hypoxia
    - Psychiatric illness
    - Stroke

Distracting Injuries

- Obvious but non-life-threatening injuries can distract paramedic from performing thorough assessment for more serious problems
  - Examples include open fractures and facial bleeding that is profuse
    - If necessary, wounds should be covered with dressings during assessment
    - Will help focus on more serious problems

Labeling and Tunnel Vision

- Labeling and tunnel vision can lead to inaccurate assessment and incorrect field impression
  - Example: labeling patient as “just another drunk” can lead to biased assessment
  - Example: labeling someone who has been transported by ambulance many times for minor complaints or imagined illness as “frequent flyer”
Labeling and Tunnel Vision

- Tunnel vision is assuming incorrect field impression based on
  - Misplaced or uneducated gut instinct
  - Focusing on only portion of presenting illness
- Either of these assumptions can cause paramedic to miss "big picture"
- Can result in rushed judgment early in patient assessment and inappropriate action plan

Environment

- Factors in environment can adversely affect assessment techniques and decision making at scene
  - Scene chaos
  - Violent or dangerous situations
  - Crowds of bystanders or other emergency workers
  - Severe weather
  - High noise levels

Environment

- After ensuring personal safety, quickly establish control of environment
  - Can include requesting help of law enforcement personnel to control scene so appropriate assessment and care can be delivered without distraction
Patient Compliance

• Patient’s willingness to cooperate and comply with assessment may depend on trust in paramedic crew
  – Patient who perceives paramedic as competent and professional often provides thorough history
  – Patient also often will agree to complete physical examination
  – Other factors that can affect compliance are cultural and ethnic barriers
    • Language barriers
    • Religious and social beliefs

Manpower Considerations

• Depending on EMS agency, crews may consist of
  – Single paramedic and EMT
  – Two paramedics
  – Several types or groups of responders (e.g., EMS, fire and rescue, and police)
• In cases in which only EMS is involved and only one paramedic is at scene, paramedic will work with EMT to develop proper sequence for gathering information and providing care

Manpower Considerations

• If two paramedics are available, information gathering and treatment often can occur simultaneously, with each paramedic assuming specific duties
  – If multiple responders and agencies are at scene, roles and duties should be defined in advance
    • One paramedic may be in charge of history taking and conferring with medical direction
    • Another may be in charge of treatment
    • Fire-rescue members may be in charge of extrication and gathering equipment
    • Law enforcement may be in charge of securing scene
How can too many paramedics on the scene have a negative influence on patient assessment and care?

Assessment and Management Choreography

• In cases where multiple responders are at scene of emergency, coherent assessment can be difficult
  – Large emergency response may occur with multiple-tier response systems (e.g., EMS, fire, and police)
  – Situation often is made more complex if responders are trained at same level (e.g., paramedic) without clear direction for individual duties
  – Members of response team must have preplan for deciding roles
  – Team can assign these predesignated roles by shift or crew, or can rotate them among team members

Assessment and Management Choreography

• Preplan
  – Example: for two paramedics, assign one as team leader and one as patient care person
    • This type of plan must be flexible in rapidly changing field situations
    • Basic “game plan” allows others to participate and is important in preventing confusion at scene
Sample responsibilities for each of paramedics in this type of preplan

Team leader responsibilities

- Accompanies patient through to definitive care
- Establishes contact and dialogue with patient
- Obtains history
- Performs physical examination
- Presents patient and gives verbal reports over radio or at definitive care
- Completes all documentation

Sample responsibilities for each of paramedics in this type of preplan

Team leader responsibilities

- Tries to maintain overall patient perspective and provides leadership to team by designating tasks and coordinating transportation
- Designates and actively participates in critical interventions during resuscitative phase of primary survey
- Acts as initial EMS command in multiple-casualty situations

Sample responsibilities for each of paramedics in this type of preplan

Team leader responsibilities

- Interprets ECG
- Communicates with medical direction and relays drug orders
- Controls access to bags
- Documents drug administration and effects during advanced cardiac life support
Assessment and Management Choreography

- Sample responsibilities for each of paramedics in this type of preplan
  - Patient care person responsibilities
    - Provides scene cover (watches team leader’s back)
    - Gathers scene information and talks to family members and bystanders
    - Obtains vital signs
    - Performs skills and interventions as requested by team leader (e.g., attaches monitor leads, provides oxygen, initiates IV access, administers drugs, obtains transportation equipment)

Assessment and Management Choreography

- Sample responsibilities for each of paramedics in this type of preplan
  - Patient care person responsibilities
    - Acts as triage group leader in multiple-casualty situations
    - Administers drugs
    - Monitors endotracheal tube placement, pulse oximetry, BLS interventions during advanced cardiac life support

The "Right Stuff"

- Having “right stuff” means carrying right equipment to patient’s side
  - Not having “right stuff” can compromise care and also can cause panic and confusion
  - Paramedic crew should always be prepared for worst event
  - Should carry essential equipment to manage every aspect of patient care, including cardiac monitoring and defibrillation
  - Concept can be compared with backpacking
    - Must have essential items that are downsized to facilitate rapid movement with minimum weight and bulk
Optional "Take-In" Equipment

• Other equipment can be carried to patient’s side
  – Most EMS systems require that paramedic carry drug bags and kits for IV supplies
    • Includes those agencies that have nontransporting emergency vehicles staffed by paramedic personnel as well
    • Most require that paramedics carry these supplies even though they are not appropriate for every patient contact

Optional "Take-In" Equipment

• Other factors that can affect what equipment paramedic carries to patient’s side depend on
  – Local protocol
  – Standing order flexibility
  – Number of paramedic responders
  – Difficulty in accessing patients

Optional "Take-In" Equipment

• Other items that are essential on every call
  – Patient care reports
  – Worksheets
  – Computer notation devices
  – Personal items such as pens or pencils, wristwatches, flashlights, portable radios, or cellular phones
  – Personal protective equipment should be readily available on every response
Have you been on ambulance calls when you did not have the right stuff? How did it affect patient care?

General Approach to the Patient
• Calm and orderly manner is important for paramedic when approaching patient
  – Must look and act part of professional
  – Caring and confident bedside manner will help gain patient’s trust and cooperation
  – Patients may not be able to rate medical performance
    • Generally are very good at rating "people skills" and service

General Approach to the Patient
• Preplan should be in effect to prevent confusion at scene and improve accuracy of patient assessment
  – Ideally, one team member should be responsible for talking to patient
    • Should use active and concerned dialogue that allows for careful listening
  – Taking notes when acquiring history
    • Demonstrates thorough assessment to patient
    • Prevents paramedic from asking repetitive questions
General Approach to the Patient

• All essential equipment should be at patient’s side
  – EMS crew should be ready to provide resuscitative care if needed
• Initial survey of scene can offer important clues to help paramedic formulate impression
  – Hazards and potential hazards
  – Mechanism of injury or illness
  – Number of patients at scene

Setting Tone for the Patient Encounter

• Two approaches in primary survey set tone for patient encounter
  – First is resuscitative approach
  – Second is contemplative approach

Setting Tone for the Patient Encounter

• Resuscitative approach recognizes need for immediate intervention for patients who have life-threatening illness or injury such as
  – Cardiorespiratory arrest
  – Coma or altered level of consciousness
  – Major trauma
  – Possible cervical spine injury
  – Respiratory distress or failure
  – Seizures
  – Shock or hypotension
  – Unstable cardiac rhythms
Setting Tone for the Patient Encounter

• If life-threatening problem is present, paramedic crew must take resuscitative action
  – History taking and other details should be delayed until immediate resuscitation measures have been provided
  – If immediate intervention to manage life threats is not required, paramedic can use contemplative approach
    • Patient history is obtained and physical examination is performed before providing patient care

Setting Tone for the Patient Encounter

• In any patient care encounter, paramedic may need to move patient immediately to emergency vehicle if
  – Paramedic cannot provide lifesaving interventions at patient’s side
  – Scene is too unstable or unsafe
  – Scene is too chaotic to allow for thorough assessment
  – Inclement weather hinders assessment and care

"Looking to Find"

• Paramedics must find something before they can treat or report it
  – To find something, it must be suspected
    • During primary survey, paramedic must actively look for any problems that pose threat to life
    • Assessment must be systematic so patient’s chief complaint can be rapidly determined
"Looking to Find"

- Paramedic must then
  - Assess degree of distress
  - Obtain baseline vital signs
  - Stay focused on patient’s history and physical findings
- Mental “rule-out list” often is a good approach in “looking to find”
  - List that considers most serious problems first that could cause patient’s signs and symptoms

"Looking to Find"

- Experience assists paramedic in developing ability for multitasking
  - Multitasking is ability to ask questions, take notes, perform tasks while listening to patient’s answers
  - In time, paramedic will gain level of experience required for multitasking
    - Until then is best to ask direct questions and carefully listen to patient’s response
    - Important clues can be lost by not listening
    - If particular task is required while paramedic is obtaining patient history, partner should provide patient care measure if possible

"Looking to Find"

- Patient’s ability to describe symptoms and paramedic’s ability to listen may greatly influence assessment
  - Paramedic should remember that severity and location of patient’s pain may not always correlate well with some potentially life-threatening conditions
    - Patient with MI may at first complain of pain only in arm or shoulder or some other minor discomfort (e.g., indigestion)
    - Paramedic’s role is to rapidly assess and treat for worst-case scenario
Presenting the Patient

• Presenting patient in course of out-of-hospital and in-hospital care is twofold
  – Refers to skills of effective communication and to effective transfer of patient information
  – Patient presentation is often weak link in chain of patient care despite its importance in every patient encounter

Presenting the Patient

• Paramedic routinely provides patient presentation
  – Face to face
  – Over phone or radio
  – In writing

Presenting the Patient

• These communication skills are essential and help establish trust and credibility with coworkers and other members of health care teams
  – Good presentations suggest effective patient assessment and care to listener, and vice versa
  – Poor presentation can compromise patient care
    • May occur when paramedic does not convey patient needs and status effectively to medical direction
Presenting the Patient

- Characteristics of effective patient presentation
  - Concise, usually lasting under 1 minute
  - Usually free of extensive medical jargon
  - Follows same basic information pattern
  - Generally follows standard format
  - Includes pertinent findings and pertinent negatives

Presenting the Patient

- When communicating patient presentation, paramedic should begin report with end in mind
  - Anticipate discrete areas of information that others will ask for and be ready to provide those details
  - Communicating patient presentation requires experience
    - Until then, may be best to use preprinted card or other memory device
    - Aids will help paramedic to organize information and assessment findings

Can you think of any areas for improvement for your skills in “presenting the patient”?
Summary

• Assessment-based management “puts it all together”
  – Means that the paramedic gathers, evaluates, and synthesizes information
    • Makes proper decisions based on the information
    • Takes appropriate actions required for patient’s care

Summary

• Factors that can affect the quality of assessment and decision making include paramedic’s attitude, patient’s willingness to cooperate, distracting injuries, labeling and tunnel vision, environment, patient compliance, and considerations of personnel availability
  • Promoting a coherent assessment is goal
    – Members of response team should have a preplan for determining roles and responsibilities

Summary

• Paramedic crew should always be prepared for worst event
  – Should carry essential equipment to manage every aspect of patient care
• Calm and orderly manner is essential for paramedic
  – Especially when approaching patient
  – During initial assessment, paramedic must look actively for problems that pose threat to life
Summary

• Presenting patient in the course of prehospital and hospital care is twofold
  – Presentation refers to skills of effective communication
  – Presentation also refers to effective transfer of patient information

Questions?