

# Patient Assessment

Scene Survey		Done
*1.	Check for further dangers	
2.	Use gloves	
3.	Note the time	
4.	Identify the mechanism of injury, is it serious	
5.	Look for angulated fractures	
6.	Look for bleeding	
7.	Check the skin colour of the injured person	
8.	Check for physical and emotional response	
9.	Check for the number of people injured	
10.	Call for help to handle the scene if required	
<b>Primary Assessment: Approach</b>		
11.	Approach the patient face to face	
12.	Identify self: "I am a Canadian Ski Patroller trained in first aid. May I help you?"	
13.	Say "Please do not move until I have checked you for injuries."	
14.	Say "I am going to hold your head to remind you not to move and prevent further injury."	
15.	Apply manual cervical spine (C-spine) control, if indicated.	
16.	Ask "What is your name?"	
17.	Ask "Can you tell me what happened?" "When did it happen?"	
18.	Ask "Can you take a deep breath? How did that feel?"	
19.	Ask "Do you hurt anywhere? Have you had this before?"	
20.	Ask "Do you have any pain or tingling in your neck or back?"	
21.	Ask "Can you wiggle your fingers and toes? Can you feel your fingers and toes?"	
22.	With free hand, examine the neck with attention to the spine all the way down?	
23.	Assess the need for continued C-spine control (immobilize or no concerns for C-spine)?	
<b>Primary Assessment: ABCD</b>		
*24.	Check for and establish a clear airway (acknowledge open airway)	
*25.	Check breathing for presence and quality only, no rate	
26.	Consider the use of oxygen if deemed necessary due to type of injury	
*27.	Check pulse at the neck and wrist for presence & quality only (no rate)	
*28.	Check level of consciousness (AVPU)	
<b>Primary Assessment: Evaluate neck to femur</b>		
29.	Neck: expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
30.	Chest: expose as necessary for DCAPP-BLS, TICS & signs of bleeding and wetness	
31.	Back: expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
32.	Abdomen: all four quadrants, expose as necessary for DCAP-BLS, TRGDE, signs of bleeding and wetness	
33.	Pelvis: press together then down if no pain, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
34.	Femurs: use both hands if possible, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
*35.	Were gloves checked for signs of bleeding after each part of the body was checked?	
<b>Transport Decision</b>		
36.	Make a transportation decision, load and go or stay and treat?	
37.	Treat life or limb threatening injuries if found in primary?	
38.	Communicate severity and details of injuries?	
<b>Secondary Assessment: Vital Signs</b>		

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39.	Time vitals were taken	
40.	Airway and breathing (rate, depth and regularity)	
41.	Circulation (rate, strength, rhythm)	
42.	Blood pressure, by pulse or by cuff and stethoscope	
43.	Level of consciousness (AVPU)	
44.	Pupil reaction (size, equality and reaction)	
45.	Skin condition (temperature, colour, moisture)	
46.	Ask the patient to describe the pain using the acronym OPQRST	
47.	Record information including time accident occurred, findings from primary assessment, name, contact info?	
<b>Secondary Assessment: Head to toe</b>		
48.	Head: DCAP-BLS, TIC, examine eyes, nose, ears, mouth and jaw	
49.	Neck: expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
50.	Right clavicle: DCAP-BLS, TIC, signs of bleeding and wetness	
51.	Left clavicle: DCAP-BLS, TIC, signs of bleeding and wetness	
52.	Right scapula: DCAP-BLS, TIC, signs of bleeding and wetness	
53.	Left scapula: DCAP-BLS, TIC, signs of bleeding and wetness	
54.	Chest: expose as necessary for DCAPP-BLS, TICS, signs of bleeding and wetness	
55.	Abdomen: all four quadrants, expose as necessary for DCAP-BLS, TRGDE, signs of bleeding and wetness	
56.	Pelvis: press together then down if no pain, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
57.	Right femur: use both hands, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
58.	Right lower leg: check knee to toes for DCAP-BLS, TIC, PMS, signs of bleeding and wetness?	
59.	Left femur: use both hands, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
60.	Left lower leg: check knee to toes for DCAP-BLS, TIC, PMS, signs of bleeding and wetness	
61.	Right arm: check shoulder to fingers for DCAP-BLS, TIC, PMS, signs of bleeding and wetness	
62.	Left arm: check shoulder to fingers for DCAP-BLS, TIC, PMS, signs of bleeding and wetness	
63.	Back: feel out beyond the spinal cord, expose as necessary for DCAP-BLS, TIC, signs of bleeding and wetness	
64.	Checks throughout the exam for MedicAlert® and wetness?	
65.	Record information including name, contact info, any medications, history, allergies, MedicAlert®, drugs taken today, bleeder, contact lenses, dentures, serious illness or operations? Record if the patient ate, passed urine or had any bowel movements today	
<b>Questions</b>	<b>Ask the patroller upon completion of the survey, if not answered during.</b>	
66.	What do the acronyms DCAP-BLS and TIC stand for?	
67.	What does the acronym AVPU stand for?	
68.	What does the acronym OPQRST stand for?	
69.	What does the acronym TRGDE stand for?	
70.	What else are you feeling and looking for during your survey of the chest? (paradoxical segments and subcutaneous emphysema)	