3A. Rapid Focused P. E. and History 1. Scene Size-up a. Body Substance (TRAUMA) Isolation a. Rapid focused physical exam (using DCAPBLS-TIC-PMS) b. Is my scene safe c. Mechanism of injury (1) Head Nature of illness (2) Neck d. # of patients (3) Chest (4) Pelvis e. Call for help f. Begin Triage (5) Abdomen (TRDG) Tenderness Rigidity Distension Guarding 2. Initial Assessment (6) Extremities (7) Back Use a General Impression (8) Baseline vitals to Assess the patients Signs of Trauma (DCAPBLS-TIC-PMS) Position/Signs/Activity (1) Deformities "Hey, Hey are you okay" (2) Contusions (1) Alert (3) Abrasions (2) Verbal stimulus (4) Punctures/Penetrations/Paradoxial Mymnt (3) Painful Stimulus (5) Burns (4) Unresponsive (6) Lacerations **TAKE CSPINE** (8) Swelling (ABCDEF) (9) Tenderness a. Airway assessment (10) Instability b. Breathing assessment (11) Crepitus Look/Listen/Feel (12) Pulses c. Circulation assessment (13) Motor response d. Determine Patient Priority (14) Sensory e. Expose the patient f. Focused exam b. Rapid focused history (SAMPLE) AGronyms (1) Signs (2) Allergies Pre-hospital Care PCR (3) Medications Report (4) Pertinent medical history PPE (5) Last oral intake Personal Protective (o) Evelys Eshing assessments Equipment urther eval chief complaint (OPORST) LOC Level of On-Going 2. Vital signs Consciousness 3. Recheck what was found during focused exam **PTSD** Post Traumatic 4. Recheck interventions Stress Disorder **OSHA** Occupational Safety and Health Secure the Airway Administration **DABDA** Denial Anger Barganing **H**eat Conservation in the Body **Depression Acceptance** Oxygenation of RBCs CISD Critical Incident Stress Core perfusion improved by elevation of legs Keep the fie Speshort Debriefina to **L**ight

3B. Rapid Focused P. E. and History (MEDICAL) a. Rapid focused physical exam (using DCAPBLS-TIC-PMS) (1) Head (2) Neck (3) Chest (4) Pelvis (5) Abdomen (TRDG) (6) Extremities (7) Back (8) Baseline vitals Evaluate chief complaint (OPQRST) (1) Onset (2) Provocation (3) Quality

(4) Radiation (5) Severity (6) Time b. Rapid focused history (SAMPLE) (1) Signs (2) Allergies (3) Medications

(4) Pertinent medical history

(5) Last oral intake

(6) Event

ROOT WORDS/MEANINGS \mathbb{R} **CARDI** Heart OSTE Bone **GASTR** Stomach NEPHR Kidney \bigcirc Vein **PHLEB** TRACHE Trachea THORAC Chest 0 PREFIXES/MEANINGS **AMBI** Both, Both Sides PRE Before. In Front {} HYPO Under, below EPI Upon INTER Between POST After, Behind SUFFIXES/MEANINGS -ECTOMY Exicion -IT IS Inflammation CENTESIS Surgical Puncture -METER Instrument to Measure -SCOPY Visual Exam -PARESIS Partial Paralysis

4. Baseline Vitals 3C. Detailed physical Signs examination a. Pulse b. Ventilations a. Head c. Blood pressure b. Face c. Ears d. Skin color and temperature d. Eyes e. Level of e. Nose f. Mouth consciousness (AVPU)/LOC Level g. Neck 1. Person h. Chest i. Abdomen 2. Place 3. Time **Pelvis** 4. Event k. Extremities I. Back f. Pupil Reaction g. **SAMPLE** History m. Reassessment of **Baseline vitals** (Reassess vitals

> ABBREVIATIONS/MEANINGS Acute Myocardial Infarction Ateriosclerotic Heart Disease Blood Pressure Centigrade Cancer Cardiac Care Unit Congestive Heart Failure Chronic obstructive Pulminary Disease Cerebrospinal Fluid Cerebrovascular Accident Diagnosis Electrocardiogram Fahrenheit Fracture Gastrointestinal Gram

every 5 minutes for

Trauma every 15

minutes for other)

Compensated – Hypoperfusion/Hypoxia starts – compensated by reduced container constricted blood flow increased respitory rate increased force of heart contractions Uncompensated - Decreased perfusion of organs - no longer maintains normal BP ext time cells die

TYPES: Hypovolemic: low volume Cardiogenic: pump failure Psychogenic: emotional Septic: infections Anaphylactic: allergic reaction

AMI

BP

CA

CCU

CHF

CSF

CVA

DX

ECG

F

FX

GI

GM

ICU

IV

O2

RN

RX

P-

Intensive Care Unit

REGISTERED NURSE

Intravenous

OXYGEN

Treatment

Respiration

Pulse

COPD

C

ASHD

