

Assessment

National Ski Patrol - OEC, Blue Mountain Ski Area
Please silence your cell phones.



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- This will be the biggest part of your practical exam!
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**SERIOUSLY,
CELL PHONES
DO NOT
WORK IN THE
CLASSROOM.**

“This Is What We Do”

- You hear a radio call – What do you do?
- You arrive at a scene – What do you do?
- You find a skier down – What do you do?
- You notice patrollers working on a patient – What do you do?

“No Hiding – We Act”

- **Respect, Professionalism, Consideration**
- **Honor the Patrons**
- **Honor the Mountain**
- **Honor Other Patrollers and BMSP (Be Thankful)**
- **Help, Rescue, Provide a Good Day**

Act With Common Sense

- **Think it Through**
- **The old 1st Responder signing – Check Call Care**
- **Motorcycle Accident**

Motorcycle Accident



Motorcycle Accident



- **Injury!**
- **You are the First Responder**
- **It's about acting**
- **Assess my injury**
- **Small groups**

- **Assessment Pre-Quiz**

- *There will also be a post quiz*

What did you do?

What should you do?

List Assessment Steps

Summary - “This is what we do”

Assessment
Treatment
Packaging
Shipping

Everything you learn is meant to assist you in those skills.
You need to be prepared.

Follow your training
Prepare yourself

You'll be nervous - Stop, collect yourself, breathe, think

Again - Follow your training!

You Must Practice

•Skill Guides and CPI's p.252

•Practice all of the Review Questions

•Methods that helped me:

•Written lists

•Family, Patrollers, etc.

•Book Study

Big Picture

Assessment

1. Scene Size-Up
2. Primary Assessment
3. Secondary Assessment

Scene Size-Up



Scene Size-Up





Scene Size-Up

1) Scene Safety – Area, The Public, The Patient.

Do not become a patient.

Be aware – Approach safely.

Make observations on your approach

Obstacles???

2) General Impression – Think (More later)

3) Standard Precautions (B.S.I) – always

4) Introduction and Consent

Get down at their level. Be welcoming.

5) Radio Call (“On scene, I will Advise,” etc.)

- General Impression (what are you thinking?)

MOI

Life-Threatening situation or injuries

(All Stops, Immediate Interventions)

Trauma or Medical situation

Initial Level Of Responsiveness (LOR)

Apparent Injuries

Patrol Needs

Triage Needs – Prioritize

Bystanders, Family, Friends

Family Needs

Collect and annotate information (notebook)

Primary Assessment

Primary Assessment

Base Line Vitals

Rapid Check of Chief Complaint

Call for Transport and Equipment

Keep this under a minute (Book says: 30-60 seconds)

Medical Alert Tags

Annotate

- A B C D's (A B C D E)

(See chart p. 221)

- **Airway**
- **Breathing**
- **Circulation (Pulse, Blood Pressure)**
 - No radial pulse - check carotid
- **Disability**
 - Mental Status, Head Injury
 - Chief Complaint (CMS)

Primary Assessment

Base Line Vitals – Annotate

Rapid Check Chief Complaint

Call for transport and equipment

Check for Medical Alert Tags

- **A B C D E**

- **Airway**

- **Breathing**

- **Circulation (Pulse, Blood Pressure)**

 - No radial pulse – check carotid

- **Disability**

 - Mental Status, Head Injury

- **Expose/Examine Chief Complaint**

 - Expose and check CMS

 - Control Bleeding, Immediate interventions only

➤ Disability???

◆ Very Quick LOR check

- Head Injuries, Shock, Drugs and Alcohol, etc.
- LOR x 4 = Awake, Alert, and oriented to:
Person, Place, Time, Situation
“Did you hit your head?”
Quick Head and Spinal check (eyes)
- AVPU (p. 223)
Alert
Verbal
Pain (You may need to elicit pain)
Unresponsive
- Glasgow Coma Scale (p. 223), At Top Shack
Based on best response.

◆ Chief Complaint

- Rapid Exam of Chief Complaint, Expose and CMS

Review

A B C D E's

- **Airway**
- **Breathing**
- **Circulation (Pulse, Blood Pressure)**
 - No radial pulse – check carotid
- **Disability**
 - Mental Status, Head Injury
- **Expose/Examine Chief Complaint**
 - Expose and check CMS
 - Control Bleeding, Immediate interventions only

Secondary Assessment



Follow your steps. Assume hidden or multiple injuries.

Secondary Assessment

Vitals, Medical History and Physical Exam

- Chief Complaint - Avoid treatment at this time (Expose).
- Communicate (Radio Call)
- SAMPLE **
You can do Sample and Full Body together.
- Full Body (Head-to-Toe) **
 - DCAP-BTLS (Medical Alert Tags)
 - Expose
 - CMS
 - Medical Alert Tags
- Package, Monitor, Transport

• Stop and Think

- MOI – Trauma, or NOI – Medical
- Base Line Vitals and Blood Pressure
- OPQRST (Medical)

- ***Radio Call***

Ambulance Needs

Sex, Age, Place, Vitals

General situation

Equipment Needs (O₂?)

Patrol Needs

Contact/Family/Group Information

Where are you going? ETA

- **Complete the Assessment**

- Detailed Chief Complaint
- Interventions and Treatments
- Manage Scene and Patrollers
- Monitoring and Ongoing Interventions
- Revisit Vitals, Collect Information
- Packaging

Quiz Time- List Steps of:

**Primary Assessment
Sample**

SAMPLE (Assume medical history or problems.)

- ✧ Signs and Symptoms
- ✧ Allergies (Ask specifics)
- ✧ Medications (Ask for specific medications and conditions)
- ✧ Pertinent Past Medical History (And present)
 - Use a wide net!
 - Ask questions: prior injuries in that area, alcohol, drugs, heart conditions, diabetes, bleeding disorders, asthma, other conditions, “Is there anything I should know?”
- ✧ Last Oral Intake
- ✧ Events Leading Up To Incident (You should have observed this already)

Physical Exam

Full Body/Head To Toe

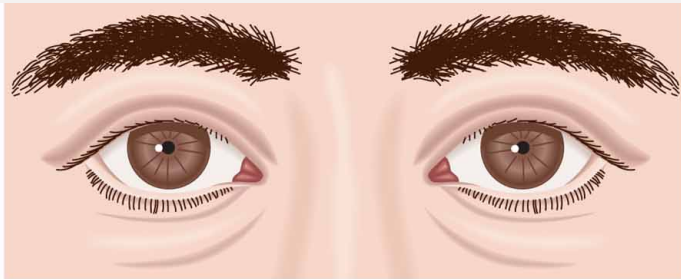
- 1) Head/Scalp
- 2) Eyes and Ears
(Battle's Sign)
- 3) Pupils/Eye Symmetry
- 4) Face (Including
Mouth)
- 5) Back of neck
- 6) Chest – Breathing
Symmetry
- 7) Abdominal Quadrants
- 8) Back/Spine
- 9) Hips and Pelvis
- 10) Upper Extremities
- 11) Lower Extremities

DCAP-BTLS

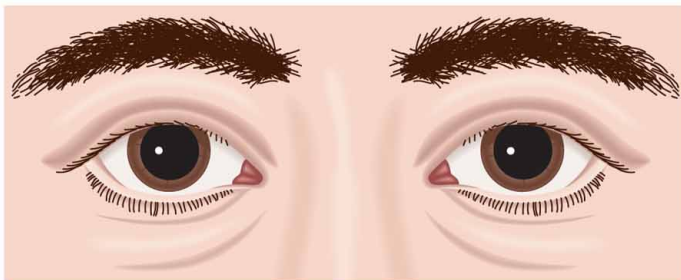
Deformities
Contusions
Abrasions
Punctures
Burns/Bleeding
Tenderness
Lacerations
Swelling

Swipe hands. Do not pat.
CMS (Especially Distal)
Grip hands/feet, etc.
Expose, Expose, Expose

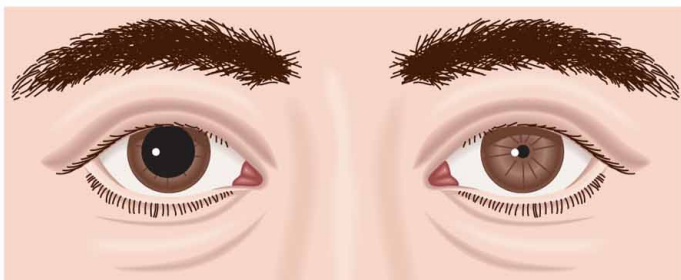
Eyes



Constricted pupils



Dilated pupils



Unequal pupils



PERRL

Pupils

Equal

Round

Reactive (to)

Light

OPQRST

Onset

Provoking Factors

Quality

Radiation

Severity

Time

Also check eye movement.

Carry a pen light.

- **Continue to Monitor**

Vitals, Vitals, Vitals

3-5 minutes unstable

10-15 stable

- Keep detailed records.
- Sometimes you cannot write too much.
- Follow your training and steps. Make decisions.
- Be courteous.
- Calm the patient.
- Reassure patient and family members.
- Respect family.
- Give directions – patrollers will help.
- Be confident.
- Move quickly. Pack and Go?

- Obviously, this not a small lesson.
 - What will you do?

.Practice

.How to Practice

•Skill Guides and CPI's p.252

•Practice all of the Review Questions

•Methods that helped me:

•Written lists

•Family, Patrollers, etc.

•Book Study

- Skill Guides and CPI's p.252

- Practice all of the Review Questions

- Scene Size-Up

- Primary Assessment

- Secondary Assessment

- **Let's do it now**
- **Get out paper**
- **Quiz Time**

- Practice Questions
- The following were sent by Don Belmont, Email Address: djbelmont@gmail.com

- 1) SAMPLE stands for which of the following?
 - a. Signs/symptoms, Allergies, Medications, Past medical history, Last oral intake, Events prior
 - b. Signs/symptoms, Allergies, MOI, Plan/pulse, Limitations, Environment
 - c. Subjective, Assessment, Medical history, Pain, LOR, Events
 - d. Symptoms, associated signs, MOI, Plan/pulse, Limitations, Emesis

- 2) The Secondary Assessment consists of three steps:
 - a. Mechanism of injury (MOI), vital signs, SAMPLE
 - b. Scene safety, Universal precautions, Decision about transport
 - c. Medical history, physical exam, vital signs
 - d. Airway, Breathing, Circulation

- 3) During your assessment, if you are unable to detect a radial pulse, the next step is:
 - a. Check for a carotid pulse
 - b. Call for the AED
 - c. Begin CPR
 - d. Take two breaths yourself, and then check for the radial pulse on the other arm.

- 4) The following are parts of the Scene Size-up (more than one may be correct):
 - a. Determine if the scene is safe
 - b. Determine mechanism of injury (MOI) for trauma patient and nature of illness (NOI) for medical illness.
 - c. Form a general impression of how life-threatening the problem is.
 - d. Do a thorough exam of the patient from head to toes so you do not miss anything.

- 5) You are handing off care of your patient to the ambulance crew.
When you report your objective findings, these should include:
 - a. Level of responsiveness
 - b. Vital signs
 - c. Any abnormalities you noted on the head-to-toe exam
 - d. All of the above

- 6) Following the acronym CHEATED, where is it appropriate to document O₂ Administration **(278)**?
 - a. C – Chief Complaint
 - b. H – History
 - c. E – Examination
 - d. A – Assessment
 - e. T – Treatment
 - f. E – Evaluation
 - g. D – Disposition

- **Page 278**

- 7) The characteristics of good report writing can be remembered using the mnemonic FACTUAL-OEC, which stands for **(278)**:

- a. First impression, accurate, complete, timeline, useful, active description, legal, objective, excellent quality, certified

- b. Facts, accurate, complete, terms, unbiased, avoid slang, legible/legal, organized, error free, checked.

- c. Final diagnosis, assessment, color, treatment plan, urgency, allergies, list of medications, observations, evaluation of case, certification of patrollers.

- 8) Rather than rewriting the whole report when an error is made, what is the best method for correcting errors on the report?

- a. Erase the error; then write the correct information and initial the change.

- b. Scratch the error out; then write the correct information and initial the change.

- c. Use White-Out to correct the mistake; then write the correct information and initial the change.

- d. Draw a single line through the error; then write the correct information, initial and date the change.

**Practical,
Hands On
Experience**