

7.01 Patient Assessment [BLS/ALS]

A. Assess the Situation

1. Is the scene safe?

Consider the potential dangers to self and other rescuers (e.g., live loose power lines, HAZMAT, violent individuals, etc.) If danger exists, make a decision and action plan that will adequately protect as many people as possible.

2. How many patients are there?

A rapid triage of patients is necessary to evaluate the needs of the situation. Complete the scene triage process prior to the initiation of patient care.

3. What help do I need?

After answering the above questions, make an initial assessment of the situation and determine what other resources are needed. Make contact through OEC to request additional resources.

B. Primary Survey

Basic Life Support Sequence C-A-B: Evaluate the Circulation, Airway and Breathing, then neurologic Disability and Physical Exam. Priorities of management are established on a life threat basis. NOTE: In children < 8 years old, the priority is Airway-Breathing-Circulation.

1. Circulation: Assess the circulation / perfusion

- Assess rate and quality of pulses – peripheral and central pulses.
- No spontaneous pulses – begin chest compressions at an appropriate rate and depth.
- Assess skin color, temperature, and capillary refill.
- A patient who is unresponsive and has either no breathing or no normal breathing (only gasping) is presumed to be pulseless and CPR should be started immediately without a pulse check being performed.

2. Airway and C-Spine: Provide appropriate head/neck position, jaw thrust, oral airway, oxygen and bag-valve-mask or supraglottic airway as needed. Protect c-spine, if there is a potential for c-spine injury use the modified jaw thrust. If the airway is:

- Patent – no intervention needed
- Partially obstructed – if patient is conscious, allow the patient to cough forcefully to expel foreign body; if the patient is unconscious, see *Airway Foreign Body Removal (Ref. 7.02 G. Adult / 7.02 H. Pediatric)*.
- Obstructed – If the airway is completely obstructed attempt to clear airway (*Ref. 7.02 G. Adult / 7.02 H. Pediatric*). Paramedics should perform video laryngoscopy (or direct laryngoscopy if video unavailable) and use Magill forceps to remove foreign bodies.

3. Breathing: Assess respirations (rate, depth, and work of breathing, quality of breath sounds). Provide oxygen. If the respirations are:

- Spontaneous – observe the chest rise and fall, auscultate breath sounds posteriorly first (beginning at the bases, moving superiorly), then anteriorly.
- Labored – observe for signs of distress – use of secondary muscles, cyanosis, or tachypnea. Never withhold oxygen from a patient in distress.
 - Administer 100% oxygen via non-rebreather for all patients in respiratory distress.
 - Nasal cannula @ 2-4 L/min., titrating to an O₂ saturation of ≥ 94% for patients who will not tolerate a mask or as dictated by guideline (Chest Pain, Stroke).
 - Agonal breathing – BVM with 100% oxygen and advanced airway as indicated.
- Absent – Ventilate with an appropriately sized supraglottic airway or insert an oral airway and bag-valve-mask ventilate and provide 100% oxygenation. Whenever possible, two persons should operate a bag-valve-mask; one to ensure a good mask-to-face seal and the other to perform proper ventilation technique.

a. Equipment needed:

- Oxygen sources – always check the supply and have a spare bottle.