

Professional EMS Education

EMT Checklist To Run A Call

Scene Size Up:

- Scene Safety
- BSI
- M.O.I. vs N.O.I.
- Number of Patients
- Additional Resources

Primary Assessment:

- General Impression
 - Sick vs Not Sick
- L.O.C.
 - Awake Alert Oriented to Person / Place / Time / Event or
 - Alert – Verbal – Painful – Unresponsive (A V P U)
- Airway
 - Open / patent / clear / skin color / sounds / L.O.C. / position / phonation
- Breathing
 - Rate / depth / skin color / L.O.C. / Breath sounds / effort / SPO2 / ETCO2
- Circulation
 - Rate / character / skin color / L.O.C. / skin temp / bleeding /
 - Pulses central vs peripheral
- Priority
 - Emergent / Urgent / Non Urgent

Secondary Assessment:

- History
 - Primary
 - S.A.M.P.L.E. – O.P.Q.R.S.T. (This is off of the symptoms)
 - Secondary
 - Questions based off of answers from primary
 - Tertiary
 - Questions based off of secondary leading to suspected problem

Vital Signs

- Pulse
- Respirations
- BP (determine MAP)
- Temp
- Breath Sounds
- SPO2 (pulse oximetry)
- ETCO2
- Pain
- Blood Glucose Level (BGL)

Hands on assessment

- Medical: focus on palpation of the area of problem and associated areas
- Trauma: Head – neck – chest – abdomen – back (flank) – pelvis – lower extremities – upper extremities

Reassessment

- Recheck all of the above after any intervention

Perfusion Triangle

Nervous system

- LOC / Pupils / Stroke exam – Cincinnati or MEND / Motor Function / Sensory status

Respiratory system

- Breath sounds – all pt's / note effort / rate / depth / SPO2 / ETCO2

Circulatory system

- Peripheral pulses – radial & pedal / Central pulses – carotid / temperature / texture / color

Radio Report to Receiving Facility:

Call the receiving facility

("PEE ED, This is PEE EMS Team 1 en route status urgent with a 24 yo male patient – do you copy")

Receiving facility responds ("This is PEE ED – go ahead")

Primary complaint – LOC – ABC's – VS – pertinent findings – treatments or orders you are requesting – ask for confirmation and if they have questions

"Pt is C/O chest pain

Pt is AAO x 4

Pulse 106 – regular - strong radial pulse

Respirations – 18 – non labored – Clear and equal breath sounds

bilaterally with equal chest expansion, SPO2 95% on 2 l / min O2

BP 138 / 92

ETCO2 27 with good waveform

Skin pale and diaphoretic

Pt has history of angina

Requesting aspirin @ 324 mg's PO and to assist patient with his nitro at 0.4 every 3- 5 minutes titrated to pain and pressure

Do you have any orders or requests?"

If orders are given repeat them back

Written Report:

Subjective

Everything you were told by patient – family – dispatch – bystanders (all symptoms)

Objective

Everything you find on your hands on assessment (all physical findings – in order from head down)

Assessment

Priority of the patient and your suspicion of what the problem may be

Plan

A chronological synopsis of the call from beginning to end

Six Rights:

Patient

Drug

Time

Route

Dose

Documentation

“Right On”