# 3 Patient Assessment

## Assessing the Emergency Scene

Your first task at the scene of an emergency—whether in the hospital or the prehospital setting—is to quickly evaluate for hazards that could threaten the safety of those involved in patient care. This includes your personal safety, as well as the safety of other health care providers and bystanders. Your responsibility to assess the patient and provide care begins once the scene is safe Figure 3-1.

As you observe the scene, be aware of present and possible threats to safety. Scene assessment can also reveal possible causes of the patient's condition, from small, hard-to-notice items such as medication containers (possible medication overdose or nitroglycerin tablets or spray for a heart patient) to more obvious causes such as drowning or trauma.

Emergency scenes can be chaotic. There may be distraught family members and bystanders. Although these individuals can sometimes be helpful, they can also be a hindrance. There may also be many health care providers with different levels of training. If you are the person on the scene responsible for patient care, you must quickly gain control. Introduce yourself to other health care providers and bystanders in a calm and confident manner. Then determine whether you have adequate personnel and equipment to provide the necessary patient care.

chapter at a glance

Figure 3-1

Assess patients and provide care once the scene is safe.

Figure 3-2

Determine responsiveness and check for breathing.

## Assessing the Patient

Once you have sized up the scene and gained control, take standard precautions against disease transmission and begin assessing the patient. Effective care depends on an accurate assessment. A logical, systematic format, known as the primary assessment, allows you to quickly examine the three most important body systems: nervous, respiratory, and circulatory. This will help you identify situations that present immediate threats to life.

### Responsiveness and Breathing

Begin the primary assessment by checking for responsiveness (consciousness) and breathing Figure 3-2. If the patient is lying motionless, tap and gently shake his or her shoulder, and shout "Are you okay?" If the patient does not respond, he or she is unresponsive. Call for help and proceed with your assessment.

While checking responsiveness, check quickly to see if the patient is breathing. This is accomplished by visualizing the patient's chest and observing for visible movement.

If the patient is unresponsive, is breathing adequately, and is not suspected of having a spinal injury, place the patient on his or her side (recovery position) Figure 3-3, monitor his or her condition, and wait for help to arrive.

### Circulation

If the unresponsive patient is not breathing (or has agonal gasps), assess for a carotid pulse for 5 to 10 seconds. If you are checking the pulse of an unresponsive patient over 1 year of age, place your fingers in the groove between the Adam's apple and the neck muscle on the side of the patient's neck nearest you,

Figure 3-3

Recovery position for an unresponsive patient who is breathing adequately and is not suspected of having a spinal injury.

Figure 3-4

Assess for a pulse for no longer than 10 seconds.

and feel for a pulse at the carotid artery Figure 3-4. Never try to feel the carotid pulse on both sides of the neck at the same time; this could block circulation to the brain. For infants (birth to 1 year old) check the brachial pulse, located on the inside of the upper arm.

### Unresponsive Apneic Patient With a Pulse (Respiratory Arrest)

If the patient is not breathing or has agonal gasps, but has a pulse, open the patient's airway and perform **rescue breathing**. For patients without a suspected spinal injury, use the **head tilt-chin lift maneuver** Figure 3-5. If you suspect a spinal injury, open the patient's airway with the **jaw-thrust maneuver** Figure 3-6. If you are unable to adequately open the patient's airway with the jaw-thrust maneuver, *carefully* perform the head tilt-chin lift maneuver. The techniques for providing rescue breathing are covered in detail in Chapter 4.

### Unresponsive Apneic Patient Without a Pulse (Cardiopulmonary Arrest)

If the patient is not breathing and does not have a pulse (cardiac arrest), perform 30 chest compressions, open the airway, and give two rescue breaths. Continue chest compressions and rescue breaths until a defibrillator (manual or AED) is available. The skill of CPR is covered in detail in Chapter 4.

Figure 3-5

Open the patient's airway with the head tilt-chin lift maneuver if a spinal injury is not suspected.

Figure 3-6

The jaw-thrust maneuver should be used to open the patient's airway without extending the neck when a spinal injury is suspected.

# prep kit

## Ready for Review

- When you arrive at an emergency scene, you must first assess the area for potential safety hazards. If the scene is unsafe, call for appropriate resources (eg, hospital security, law enforcement, fire department). Once the scene is safe, take standard precautions, approach the patient, and look for possible causes of his or her illness or injury. Next, assess the patient as follows:
  - Check for responsiveness and breathing.
  - If the patient is unresponsive and breathing adequately, place him or her in the recovery position.
  - If the patient is not breathing (or has agonal gasps), assess for a pulse.
  - If the patient is not breathing (or has agonal gasps) and a pulse, perform rescue breathing.
  - If the patient is not breathing and does not have a pulse, begin CPR (starting with chest compressions).

## Vital Vocabulary

**head tilt-chin lift maneuver** Combination of two movements to open the airway in which the forehead is tilted back and the chin is lifted.

**jaw-thrust maneuver** A procedure for opening the airway in which the jaw is lifted and pulled forward to keep the tongue from falling back into the airway; used to open the airway in patients with a suspected spinal injury.

**recovery position** Position used to help maintain a clear airway in a patient with a decreased level of consciousness, no traumatic injuries, and adequate breathing.

**rescue breathing** The procedure in which a provider breathes for a patient who is not breathing spontaneously on his or her own.

## Check Your Knowledge

1. Which of the following is performed at the same time you are assessing a patient's level of consciousness?
   A. Assessing for a pulse
   B. Assessing for breathing
   C. Opening the airway
   D. Looking in the mouth
2. The MOST important initial action to take upon arriving at the scene of an emergency is to:
   A. call for additional assistance.
   B. determine if any hazards exist.
   C. immediately assess the patient.
   D. obtain information from bystanders.
3. If an unresponsive patient is not breathing or has agonal gasps, you should:
   A. assess for a pulse.
   B. begin rescue breathing.
   C. start chest compressions.
   D. place him on his side.
4. When assessing for a pulse on an unresponsive patient older than 1 year of age, you should:
   A. locate the brachial artery.
   B. lightly compress both carotid arteries.
   C. assess for at least 10 to 15 seconds.
   D. take no more than 10 seconds.
5. If you are unable to open an unresponsive patient's airway with the jaw-thrust maneuver, you should:
   A. attempt to perform rescue breathing.
   B. position the patient on his or her side.
   C. carefully perform the head tilt-chin lift maneuver.
   D. start chest compressions if there is no pulse.

*Answers:* 1. **B**; 2. **B**; 3. **A**; 4. **D**; 5. **C**