

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT-Basic, EMT-Intermediate, EMT-Paramedic**

SMO: Focused Assessment

Overview: The focused assessment is the systematic assessment and complaint focused relevant physical examination of the patient. The focused assessment may be done concurrently with the patient history and should be performed after:

- The Initial Assessment and initial treatment and stabilization of life-threatening airway, breathing and circulation difficulties
- Spinal stabilization as needed
- Beginning transport in the potentially unstable or critical patient
- A Rapid Trauma Assessment in the case of significant trauma
- Investigation of the chief complaint and associated complaints, signs or symptoms
- An initial set of vital signs—pulse, respirations, blood pressure
- Lung sounds
- Cardiac rhythm (if indicated)
- Consider orthostatic vital signs to assess volume status
- Pulse oximetry (if available)

Give initial treatment including oxygen, ventilation if indicated, hemorrhage control if needed, basic wound/fracture care, and IV access if indicated/capable. IV access refers to an intravenous line, with isotonic crystalloid solution (Normal Saline or Ringer’s Lactate) to maintain adequate perfusion.

The above set of assessments/treatments is referred to in these protocols as “**Routine Medical Care**”. This care should be provided to all patients regardless of presenting complaint. The purpose of the focused assessment is to identify problems, which, though not immediately life- or limb-threatening, could increase patient morbidity and mortality. Exposure of the patient for examination may be reduced or modified as indicated due to environmental factors.

HISTORY

- ___ Optimally should be obtained directly from the patient; if language, culture, age-related, disability barriers or patient condition interferes, consult family members, significant others, scene bystanders or first responders.
- ___ Check for advance directives, patient alert bracelets and prescription bottles as appropriate.
- ___ Be aware of patient's environment and issues such as domestic violence, child or elder abuse or neglect
- ___ Allergies, Medications
- ___ Past medical history relevant to chief complaint. Examples are previous myocardial infarcts, hypertension, diabetes, substance abuse, seizure disorder and hospital of choice.
- ___ Have patient prioritize his/her chief complaint if complaining of multiple problems
- ___ Ascertain recent medical history -admissions to hospitals, reasons given, etc.
- ___ Pain questions if appropriate: OPQRST (O=onset, P=provoked, Q=quality, R=radiation, S=severity, T=time) plus location and factors that increase or decrease the pain severity
- ___ Mechanism of injury if appropriate
- ___ See "Information Needed" section of each Protocol for history relevant to specific patient complaints.

HEAD AND FACE

- ___ Observe and palpate skull (anterior and posterior) and face for DCAP-BTLS*
- ___ Check eyes for: equality and, responsiveness of pupils, movement and size of pupils, foreign bodies, discoloration, contact lenses, prosthetic eyes
- ___ Check nose and ears for: foreign bodies, fluid, and blood
- ___ Recheck mouth for potential airway obstructions (swelling, dentures, bleeding, loose or avulsed teeth, vomitus, malocclusion, absent gag reflex) and odors, altered voice or speech patterns, and evidence of dehydration

NECK

- ___ Observe and palpate for DCAP-BTLS, jugular vein distention, use of neck muscles for respiration, tracheal tugging, shift or deviation, stoma, and medical information medallions

CHEST

- ___ Observe and palpate for DCAP-BTLS, scars, implanted devices (AICD or pacemakers), medication patches, chest wall movement, asymmetry and accessory muscle use
- ___ Have patient take a deep breath if possible and observe and palpate for signs of discomfort, asymmetry and air leak from any wound

ABDOMEN

- ___ Observe and palpate for DCAP-BTLS, scars, diaphragmatic breathing and distention
- ___ Palpation should occur in all four quadrants taking special note of tenderness, masses and rigidity

PELVIS/GENITO-URINARY

- ___ Observe and palpate for DCAP-BTLS, asymmetry, sacral edema, and as indicated for incontinence, priapism, blood at urinary meatus, or presence of any other abnormalities
- ___ Palpate and gently compress lateral pelvic rims and symphysis pubis for tenderness, crepitus or

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

instability <input type="checkbox"/> Palpate bilateral femoral pulses
<u>SHOULDERS AND UPPER EXTREMITIES</u> <input type="checkbox"/> Observe and palpate for DCAP-BTLS, asymmetry, skin color, capillary refill, edema, medical information bracelets, and equality of distal pulses <input type="checkbox"/> Assess sensory and motor function as indicated
<u>LOWER EXTREMITIES</u> <input type="checkbox"/> Observe and palpate for DCAP-BTLS, asymmetry, skin color, capillary refill, edema, and equality of distal pulses <input type="checkbox"/> Assess sensory and motor function as indicated
<u>BACK</u> <input type="checkbox"/> Observe and palpate for DCAP-BTLS, asymmetry, and sacral edema

Documentation of adherence to Protocol:

- Changes and trends observed in the field
- Pertinent negative findings, e.g. denies SOB with chest pain; no other findings of significant injury
- Findings from history/source of information is not from the patient
- Findings of assessment on your initial exam

Medical Control Contact Criteria
<input type="checkbox"/> * Contact Medical Control if any question exists as to the best option for the patient

PRECAUTIONS AND COMMENTS

- Observation and palpation can be done while gathering patient’s history.
- A systematic approach will enable the rescuer to be rapid and thorough and not miss subtle findings that may become life-threatening.
- Minimize scene time on trauma patients—for critical trauma patients conduct Focused assessment enroute to the hospital when time allows.
- The Focused Assessment should ONLY be interrupted if the patient experiences airway, breathing or circulatory deterioration requiring immediate intervention. Complete the examination before treating the other identified problems.
- Reassess vital signs, particularly in critical or rapidly-changing patients. Changes and trends observed in the field are essential data to be documented and communicated to the receiving facility staff.
- **NOTE**
DCAP-BTLS: A mnemonic that stands for:
Deformity

Contusion/Crepitus
Abrasion
Puncture
Bruising/Bleeding
Tenderness
Laceration
Swelling