

Unit 1

PATIENT ASSESSMENT (1)

A. Warm-up

There is no question that efficient and effective assessment of the patient's or the victim's condition is a prerequisite of successful medical intervention in the provision of any medical service. It is even more so in the case of medical emergencies where the initial assessment must be not only accurate but also fast.

Working in pairs or threes consider answers to the following questions:

1. What makes the assessment of an emergency patient different from the assessment of a regular patient?
2. What should the paramedic focus on in the first place?
3. Is the initial assessment more likely to be visual or oral? Why? When?
4. A routine or an ad hoc approach – which to adopt? Why?

prerequisite warunek ws: pny

B. Reading and Vocabulary Building

PART ONE

Task 1

Read the text and decide whether the statements below are true (T) or false (F). Justify your choices.

Good organization of work is said to save time, prevent omissions and mistakes, contribute to a good quality final product. This general statement seems to hold true also for the work of A&E staff. Time is of essential importance – the time within which the ambulance arrives, the time within which the patient's condition is assessed, the time within which intervention is started. Neither is there place for omissions and mistakes – symptoms and signs of vital importance cannot be missed or overlooked. It is the timeliness and competence of emergency intervention that determine the outcome of the action. Standardized assessment procedures (the patient assessment algorithm) and guidelines for obtaining a focused history and conducting a focused physical examination (FHPE) have been developed to assist paramedics in their work. They include the AVPU scale (where A stands for alert, V for verbal, P for painful and U for unresponsive), the OPQRST mnemonic (where O stands for onset, P for provocation, Q for quality, R for region, S for severity, T for time) and the SAMPLE mnemonic (where S stands for signs/symptoms, A for allergies, M for medications, P for pertinent past medical history and E for events leading to the incident), baseline vital signs (skin, pulse, blood pressure and respiration).

Upon arrival on the site the paramedic should locate potential hazards and recognize the mechanism of injury (MOI), whether significant or not significant. In some situations, intervention should not be undertaken without the paramedic having appropriate personal protective equipment (PPE) and adequate assistance. The initial assessment is primarily intended to find and deal with life threats. It includes checking the patient's MS-ABC-

priority elements, i.e. the patient's mental status, airways, breathing and circulation. The patient's mental status (MS) is assessed according to the AVPU scale. The ABC status involves checking if the patient's airways are opened, if the patient is breathing and if the patient's heart is beating. First rescue actions should be undertaken basing on this initial assessment and focus on the restoration of breathing and circulation with the patency of airways being secured. The next step is to classify the patient as being either a trauma or a medical case.

1. In emergency situations it is the ability to make decisions rather than organization of work or standard procedures that matter.
2. Time is all important in rescue actions.
3. The so called algorithms serve little practical purpose.
4. The 'V' in the AVPU mnemonic refers to the use of verbs by the victim.
5. The OPQRST mnemonic serves to describe the presenting complaint.
6. The SAMPLE mnemonic can be compared to case notes.
7. Obviously, vital signs must be assessed on an on-going basis en route to the A&E unit.
8. It is understandable why before undertaking a rescue action, the rescuer should take care of a few things.
9. The goal of the initial assessment is to see whether a threat to life is present, i.e. whether respiration has not been disturbed.
10. Unless other major injuries are present, the first, most urgent task is to restore breathing.

Vocabulary

competence fachowość, kompetencja
assessment ocena
assess the patient's condition
ocenić stan pacjenta
undertake intervention interweniować
baseline vital signs podstawowe objawy czynności życiowych
evaluate the patient's status ocenić stan pacjenta
chief complaint główna dolegliwość
establish rapport with the patient ustanowić relacje z pacjentem
demeanour postawa
ambiguous dwuznaczny, niejasny
matter-of-fact rzeczowy
to this end w tym celu
omission pominięcie
overlook przeoczyć
restoration przywrócenie

Task 2

Prepare 'examination' questions referring to the information provided and check each other's knowledge.

PART TWO

Task 3

Read the text and decide whether the statements below are true (T) or false (F). Justify your choices and correct the false sentences.

There are two groups of trauma patients distinguished: patients with a significant MOI and those without a significant MOI. The former require transport to the A&E and therefore the assessment of their baseline vital signs, trauma examination and collection of a SAMPLE history should be fast, with more detailed physical examination and assessment during transport to the A&E department. In the latter, the paramedic should examine and assess the injured body part and only then proceed to baseline vital signs and a SAMPLE history. The status of these patients will also continue to be assessed on the way to the A&E.

There are also two groups of medical cases: patients who are responsive and patients who are unresponsive. The presenting complaint is of major importance as it determines both the line of the questioning and the character and emphasis of the physical examination. In both groups of patients following the OPQRST mnemonic may prove helpful in dealing with the patient's chief complaint. Asking the patient, family members or bystanders the right questions, in the right language form and sequence can facilitate recognizing the type of emergency. In an unresponsive or poorly responsive patient, the assessment should follow the procedure recommended in victims with a significant MOI and consist of rapid physical examination after which baseline vital signs and a SAMPLE history are obtained. In a responsive patient, while still being conscious of the importance of the time factor, the emergency ambulance staff may perform the assessment procedures at a slightly slower pace to determine and elaborate

on the chief complaint as well as to evaluate the patient's status by obtaining baseline vital signs, a SAMPLE history and carrying out body system examination determined by the chief complaint.

Irrespective of the theoretical classification of the case, the primary goal of the assessment is to decide whether an urgent, resuscitative approach should be adopted. Another thing to be kept in mind is the fact that the patient's condition is most likely to be dynamic which necessitates an on-going assessment while on the way to a hospital.

What should not be neglected or played down are effective communication skills. Kind manner and calm demeanour, short, clear and matter-of-fact sentences, well controlled but concerned voice help to stabilize the situation, establish rapport with the patient or witnesses, make the patient/victim trust the medical aid provider and appreciate the quality of care given, all of which contribute to a faster and more reliable assessment. Adequate communication skills, both oral and written, are of no less importance in dealings with other rescue team members, the dispatcher, the A&E unit to ensure their full and adequate cooperation. The language of oral communication will be characterised by short sentences, requests, commands, statements and questions, economical, matter-of-fact and non-ambiguous, use of acronyms, abbreviations and shortenings usually understandable only to the members of the profession. The language of written communication will involve taking notes which are informative, non-ambiguous and fast to read. To this end special forms have been developed.

1. Trauma patients are classified on the basis of severity of the injury sustained.
2. There are major, well justified, differences in the way patients of each group are assessed.
3. Absence or presence of responsiveness is the main criterion for the division of medical cases.
4. Family members and bystanders can provide important information.

5. Mnemonics are of less importance in medical cases.
6. Responsive and unresponsive patients are assessed in a completely different way.
7. The primary goal is to see how severe and life-threatening the case is.
8. Understandably, the patient's condition should be assessed on an on-going basis during transport to hospital.
9. Communicative skills are of least importance in a paramedic's work.
10. The language used by paramedics is specific and function determined.

Task 4

Prepare a mini-presentation on the classification of emergency cases and its influence on the approach to the assessment of patients.

C. Grammar Reminder

Task 5

Complete the sentences with the right form of the verbs given below. Then make questions.

assess • check • deteriorate • require • conduct • understand • notice • describe • collect • understand

1. The patient immediate transport to the A&E.
Does
2. I the trauma as very bad, even life-threatening.
How

3. I have a SAMPLE history.
Have
4. I a few changes in the patient's condition on the way to hospital.
Did
5. The victim's vital signs while on the way to hospital.
Did
6. The victim not the questions which I asked him.
Did
7. We baseline vital signs.
Did
8. I have the patient's airways.
Have
9. I would the patient's mental status as relatively good.
How
10. We only an injury focused physical examination. There was no time for a thorough one. The patient had to be transported to hospital.
Did

Ważne słowa

deteriorate pogorszyć
 major injuries poważne obrażenia,
 urazy
 site of injury miejsce urazu
 degree of distress stopień
 zagrożenia
 detailed/top-to-toe examination
 szczegółowe badanie

Task 6

Complete the statements with the correct form of the verbs given below.

mean • deal • focus • respond • assess (2) • decide • keep • confirm • take • reveal • suggest • understand • obtain • inspect • evaluate • observe

1. There were life threats we had to with in the first place. I a massive haemorrhage from the femoral artery and respiratory insufficiency.
2. The SAMPLE history did not any cardiovascular problems prior to the present incident which it was a sudden cardiac arrest.
3. Baseline vital signs obtained on initial assessment the need for hospital care.
4. The patient's airways were open and clear and we care to them clear.
5. I would the victim's MS as relatively good. He what is being said to him and accordingly.
6. We that the patient's condition was bad and to intervene.
7. We the physical examination on the injured extremities as there were no signs of other major injuries.
8. In case of a patient who had difficulty breathing and speaking we had to the history from a family member.
9. While an injured extremity, we are obliged to the joint above and the joint below the site of injury.
10. On our call we had a dyspnoeic patient, so it was significant to his level of consciousness, position and degree of distress.

Task 7

Complete the table with the verbs and nouns. Use them to make sentences.

verb	noun
assess	
intervene	understanding
communicate	examination
	collection
respond	
require	
observe	evaluation

1. There are two trauma victims with a significant MOI who immediate transport to hospital.
2. Initially, the victim to questions but later there was no
3. I the victim on the site of the accident. Here are the results of the
4. The victim was bubbling something. There was something he wanted to but we couldn't him.
5. We could not case history from the patient. He had problems with both and
6. of a SAMPLE history is one of the of the procedure.
7. A SAMPLE helps to a case and choose the best way to Proper is a consequence of proper
8. After treatment, keep the victim and call for an ambulance if necessary.

Vocabulary

threat to life zagrożenie życia
open fracture złamanie otwarte
disinfect zdezynfekować

- of the colour of the skin, especially in light skinned patient, reflects the state of circulation immediately.
- If you have any doubts whether the primary problem seems to be a medical emergency or a traumatic injury, identify and MOI (mechanism of injury).

D. More Vocabulary Work

Task 8

Complete the sentences with English equivalents of the Polish phrases.

- Baseline are within normal limits.
(oznaki życiowe)
- What is the victim's? (stan psychiczny)
- The was so bad that we could not conduct (stan pacjenta; szczegółowe badanie fizykalne)
- We did not have so we couldn't intervene. (odpowiednie wyposażenie ochronne)
- There were too many for me to act on my own. I had to wait for the arrival of the (potencjalne zagrożenia; zespół ratunkowy)
- The physical examination revealed an extensive of the chest and severe to internal organs. (uraz; obrażenia)
- The revealed a which required (wstępna ocena; stan zagrożenia dla życia; natychmiastowa interwencja)
- that the patient remains and at all times. (upewnij się; z kontaktem; przytomny)

- At every always start at the head and work down; the "....." routine is the most thorough and effective. (etap badania fizykalnego; badanie rutynowe od „góry do dołu”/głowy do palców nóg)
- ask the casualty or talk to how the accident happened or how the injury was sustained. (podczas wywiadu; świadkowie wypadku)

E. Listening

Task 9

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Listen and complete the dialogue between the paramedics (P1 and P2) and the witness (W).

P1: Have you the victim or did you him in this position?

W: No. I haven't moved him. I sort of felt I couldn't do anything to help him.

P1: Did you actually see him the scaffolding?

W: No, I didn't. And I didn't hear anything either. He might have been lying here for some time. It's not a particularly frequented area, not at this time of the day.

P1: Thank you, anyway. (to P2) Let's have a look at him.

P2: His chest At least he's alive but he might have a major injury, a or a concussion.

P1: For sure. There's little we can do. We must

P2: I'll go and fetch things from the ambulance.

P1: And I'll try to

P2: (*a little later*) So ... what are they?

P1: Below normal limits but there's of a threat to life.

P2: Have you tried to get a response from him?

P1: He does seem to and me but answers in monosyllables.

P2: Well. His might have been injured. Let's move him very carefully.

P1: We'd better put him first in a and only then him onto the

P2: I any fractures, at least not open ones.

P1: He might have been lucky.

Task 10

Acting as one of the paramedics report your findings to AE staff.

Task 11

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Listen and complete the dialogue between paramedics (P1 and P2).

P1: I was the first on the scene but I on my own. They are stuck inside.

P2: Was it a with another vehicle?

P1: I don't think so. and careless driving. They must have skidded, run off the road and

P2: How many casualties?

P1: The driver and in the back.

P2: Are the casualties responsive? Were they responsive when you arrived?

P1: They were a bit confused, He must have hit himself on the He's bleeding from an injury to his but not

p2: And the passengers?

p1: They just want to get out. I can see they have suffered some injuries but you can communicate with them. I've just tried to

P2: (*after access to the accident victims have been gained to the victims*) Don't move, please. We'll help you out slowly.

P1:, please. Slowly,, please. We'll take you to hospital for further assessment.

P2: You have bruise and an abrasion on We'll disinfect the area and it. But we'd like to have of your head just in case.

P1: I've called for ambulance. The passengers look all right but we can't let them go home like that.

P2: Will you be all right on your own? The vital signs of the driver seem to be I'd like a doctor to see him as soon as possible.

Task 12

Acting as one of the paramedics report your findings to A&E staff.

F. Case Studies

Task 13

Read the description of the emergency and decide how you would classify it and why, how you would assess the patient and why.

Case 1

A neighbour has called the police and the ambulance service because of sounds of fighting coming from a next doors apartment. There are two badly battered females in the apartment – an adult and a teenager.