

### Case 2

You have been called to assist victims of a train collision. The train was crowded but was not going fast when the accident took place. Two carriages ran off the track.

### Case 3

A teenage girl who had an accident in the gym.

### Case 4

A middle aged man who collapsed in the street.

# Unit 2

## PATIENT ASSESSMENT (2)

### A. Warm-up

Few will deny the importance of having adequate information these days. Theoretical knowledge and experience are of unquestionable value but when it comes to actual decision-making it is the specificity of the situation that matters.

Working in pairs or threes answer the following questions:

1. Do you agree with what is written above? Does it apply to the work of paramedics, if so, in what way?
2. What information should paramedics collect upon arrival at the site? Why?
3. How can paramedics collect this information? In what order should it be collected? Do they have to do it?
4. Is there anything like a procedure, a protocol to be followed by paramedics? Are there any forms to be filled in by paramedics under Polish legislation?

## B. Reading

For tasks 1 to 5 read the texts and decide whether the statements which follow are true (T) or false (F). Justify your choice and give more details.

### Task 1

Collection of at-site information is actually a complex process. Contrary to what we may think, it involves not only asking the right questions and getting adequate answers but also looking for, noticing and giving adequate attention to what we can see.

It begins the moment an ambulance dispatcher receives a call for help. The right questions, asked in the right order should let him/her obtain information which will let them assess what the nature of the emergency is, how serious the situation is, what ambulance(s), with what staff and equipment should be dispatched and to what address. Apart from being responsible for the above said the dispatcher must also be able to pass essential information to the ambulance crew, not always directly, most frequently by phone. It is the dispatcher who decides which information is essential and which is less important or even redundant. What matters is also the order in which the information is conveyed and the language the dispatcher uses. The latter should be clear, matter-of-fact, professionally correct. Thanks to what they hear from the dispatcher, the ambulance crew can prepare themselves for what lies ahead. It should not, however, prevent the paramedics from making their own evaluation once they arrive at site.

1. Once at the site of an accident or emergency, the rescuer should act, not collect information.
2. The first to collect information about the emergency is actually not the rescue team.
3. The technique and language of collecting and conveying information are both important and for good reason.

4. The paramedics need not double check the information received from the dispatcher or re-evaluate the situation on their own.

### Task 2

The next stage in obtaining information is the evaluation by the ambulance crew of the site of the event in terms of potential threats which may endanger the life and health of both the casualty and the rescuer, potential contact with systemic fluids or other materials which may constitute a source of infection or contamination, the number of casualties and their condition, the latter determining the order in which assistance should be provided, and finally the mechanism of injury (MOI). Knowledge of the latter gained by viewing the site and also asking witnesses can help to foresee what injuries the casualty may have sustained as well as their severity. The obvious questions to be asked and answered, especially in the case of a trauma, include: 'What has happened?', 'How was the victim affected?'. In the absence of witnesses, the rescuer should be able to answer these questions almost at a glance. Once again the importance of having the ability to discern what is essential, quickly draw the right conclusions and proceed to rescue actions is what matters. While this ability is to some extent a personality feature, it is mostly the result of teaching, training and experience.

1. The conditions at the site of the accident cannot be neglected.
2. It is the victim who is important not the rescuer.
3. Paramedics should be trained to assess the mechanism of injury.
4. When there are no witnesses, basic questions must remain unanswered.

endanger zagrażać

## Vocabulary

lateral boczny  
shatter roztrzaskać  
deceleration zmniejszenie  
prędkości

### Task 3

For instance, in a car accident, the nature of injuries can be predicted when we know whether it is a frontal or lateral collision, whether the car was hit from the back or ended on its roof, whether the passengers wore safety belts, whether the car was equipped with air bags, whether other people, vehicles, objects were involved. The damage to the vehicle, its location, extent and depth, the presence of a spider-like damage to the front shield can all provide the rescuer with clues as to what injuries the victim(s) might have sustained, where their bodies collided with the car, with what force, what internal organs might have been shattered or otherwise injured.

In the case of the so called vertical deceleration when the victim suffers a fall from a height, it is necessary to assess the height, the part of the body which the victim fell on and the surface the body collided with. While being of importance to the paramedic in the initial management of the casualty, this information must be recorded and passed on to the A&E staff.

1. In the case of a car accident, the type of collision can tell the paramedic what injuries the victim(s) may have sustained.
2. It does not matter whether air bags worked or passengers wore seat belts.
3. Injuries to internal organs can be predicted even in the absence of external injuries when the MOI is well assessed.
4. Everything matters – distance, height, force.

### Task 4

In the case of penetrating wounds, it is helpful to know the instrument responsible whether a bullet, a knife or any other object, its size, whether it is still in the body, the angle at which it entered the body, etc. as all these can suggest what organs might have been affected and to what extent. This in turn will translate into the choice of the right management of the victim and thus even save the patient's life.

## Vocabulary

dislocate przemieścić, przesunąć

In the case of an explosion victim(s), it is useful to know whether the victim(s) suffered as a result of direct contact with the explosive material (and what it was) or secondary effects of the explosion, the impact of the hit wave or collision with objects dislocated as a result. Once again, it is necessary to predict the consequences so as to provide the most urgently needed assistance in the right order. Again the safety of the rescuers cannot be neglected as they may themselves become victims instead of giving help. Caution and rational thinking rather than spontaneous and heroic behaviour are recommended.

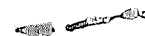
1. Knowledge of the instrument or material which caused the injury can be of help in assessing the gravity of the case.
2. All wounds are treated in the same way.
3. Knowledge of physics can be of help to a paramedic in assessing an emergency situation.
4. In the case of an explosion-related emergency the paramedics called to the scene face a number of specific tasks but also risks.

### Task 5

Valuable information can also and should be obtained from the casualty (-ies) if conscious, and from relatives or witnesses. They can, on the one hand, provide the rescuer with information about the circumstances preceding and surrounding the accident and, on the other hand, be a source of information about the casualty's general health condition, allergies, chronic diseases, etc.

The collection of the case history cannot be neglected in favour of immediate therapeutic procedures as the witnesses of the accident will no longer be available once the casualty has been transported to hospital and the casualty may no longer be conscious upon reaching the hospital. It follows the so called SAMPLE mnemonic which obliges the rescuer to ask about the symptoms reported by the casualty, possible allergies, medications taken, major diseases, including chronic diseases, suffered, the last meal, lunch, before the accident and the events immediately preceding it.

1. Case history can be obtained from more than one source.



Vocabulary

- raw patch plama, wykwit, wysięk
- clutch ścisnąć kuczowo
- profuse perspiration obfite pocenie
- obese otyły
- skinny chudy
- scruffy niechlujny
- dazzled oszołomiony
- expel odkrztusić, wykrztusić
- lodge utkwąć

2. Case history can and should always be collected after immediate treatment of the condition or trauma.
3. The SAMPLE mnemonic is actually of no importance to the EMT.

### C. Communication

#### Task 6

Give examples of basic questions which you might ask about each item of the SAMPLE mnemonic. Refer back to Task 1 text, if necessary.

What SAMPLE questions might you ask the emergency patients listed below. How might the information thus obtained help you diagnose the problem and/or affect its management by the EMT?

1. A 45-year-old, obese woman, with dyspnoea, palpitations and profuse perspiration.
2. A 7-year-old male with lower abdominal pain.
3. A 30-year-old, skinny woman who fainted in a shopping mall.
4. A man of 55, obviously well-off, overweight, with clammy-looking, pale face and thick neck who felt dizzy and short of breath in the lift.
5. A 27-year-old driver, victim of a car crash, arrives at A&E badly shocked, his face is coated in drying blood, he is scruffy, dazed and complaining of chest pain.
6. A pregnant woman in her thirties who felt acute abdominal cramps when doing shopping.
7. A young female staggers in clutching her stomach and crying. She is twelve weeks pregnant and covered in bruises.
8. Terrified parents bring in their 3-year-old son, he has swallowed a plastic sticker and they want to make sure it has not lodged where it cannot be expelled naturally.

9. A middle-aged man is wheeled in on a stretcher, lying still, his face a chilling grey-blue.
10. A small child covered in third-degree burns and raw patches all over the surface of the skin.

#### Task 7

Working in pairs:

- Simulate taking the medical history of the emergency patients described in Task 6 above.
- Simulate passing the information on the victims to A&E staff on the phone or face-to-face.

### D. Vocabulary Building

#### Task 8

Complete the text with the words and phrases from the box and answer the questions.

fast • unresponsive • nervous • cranial • objective • subjective • effective • sensory • neurological • underlying • comprehensive • motor • complaint • vital signs • deformities • body sounds • presenting injury • function • suspicion • rapid trauma assessment • morbid changes • assessment • enlargement • condition • inspection • areas of tenderness • abnormalities • rate • quality • rhythm • recorded • change • focus • adjust • serially • percussion

The physical examination of an accident or emergency patient is intended to provide quantifiable and ..... information about his/her state of health and the nature of the ..... or ..... Together with the ..... information obtained from the patient and/or the patient's family and/or witnesses, it should allow for a ..... and adequate ..... of the patient's .....

Vocabulary

- tenderness bolesność uciskowa
- percussion opukiwanie

The physical examination involves obtaining ..... which measure the body ..... and a survey of body organ systems. Vital signs include pulse ....., ..... and ....., blood pressure, temperature and blood oxygen level. As they can ..... dramatically over time, they should be obtained both accurately and ..... Moreover, they should be ..... for which purpose special forms have been developed.

The examination techniques include ....., palpation, ..... and auscultation. Inspection involves looking at the patient so as to detect any ....., peculiarities or ..... which might suggest the underlying problem. Palpation consists in touching the patient's ..... with a certain degree of pressure to find possible ....., muscle guarding, deformities or organ ..... Percussion is performed by gentle tapping of the body surface over body cavities with the purpose of detecting any potential ..... in the density of the ..... structures. Auscultation involves listening to ..... with the help of a stethoscope.

The physical examination of an accident or emergency patient must, for obvious reasons, be conducted in a ..... and ..... way. Knowing what the presenting complaint or chief injury or medical history is, the paramedic should ..... the examination so that it would ..... on the body system(s) likely to be the source of the problem(s) or to be involved. A ..... of a cardiopulmonary involvement leads to focusing on the heart and the lungs. When injury to the ..... system is suspected, a ..... examination is conducted to assess the ..... nerves and the ..... and ..... function of the extremities.

A trauma patient with a significant MOI is given a ..... followed by a more detailed physical examination on the way to the A&E. The same refers ..... medical and casualty victims.

1. What should be done to obtain a comprehensive and accurate assessment of a patient's condition?
2. What can vital signs reveal?

3. What are the main vital signs examined and/or measured on physical examination?
4. Why should vital signs be measured and recorded repeatedly and accurately?
5. What are the four physical examination techniques?
6. What do these techniques consist in?
7. What can they reveal? What information can they help to obtain?
8. Does any of the examination techniques require the use of any equipment or instruments?
9. How and why does the physical examination of an accident or emergency patient differ from the standard examination?
10. How does a suspicion of a cardiopulmonary problem affect the physical examination?
11. What does the physical examination focus on when an injury to the nerves is likely to be present?
12. In what cases is a more detailed physical examination postponed?

## E. Group Work

### Task 9

Working in pairs or threes decide what to focus the physical examination of these patients on. What findings would you expect? How would they help you to approach and manage the case?

1. A 35-year-old female with a haemorrhage from the genitourinary system.
2. An unresponsive middle-aged man who collapsed at a bus stop.
3. An elderly woman with acute dyspnoea and a history of high blood pressure.

4. A teenage cyclist, victim of a collision with a car.
5. A 45-year-old woman with an acute lower abdominal pain.
6. A smiling 87-year-old female who has suddenly lost her memory.
7. A male in his twenties with multiple fractures of the skull.
8. A teenage girl who took a drug overdose.
9. A woman who was in a car crash with broken arms and legs.
10. A man in his early sixties became suddenly breathless and could not talk.

## F. Follow-up

Design, prepare and present a plan of a training course in the assessment of a victim or victims of an accident or medical emergency.

# Unit 3

## PATIENT PRESENTATION

### A. Warm-up

After arriving on the site of an accident or emergency, assessing the victim and providing basic medical care, the ambulance crew transports the victim to the nearest accident and emergency department. It is good practice to advise the latter of the patient's arrival.

Working in pairs or threes answer the following questions:

1. Why is it good practice to advise the A&E department of the patient's arrival?
2. What information should the A&E department be given and why?
3. What does this practice look like in Poland?

Compare and discuss your answers to sum up the information gathered.