History Gathering, Clinical Assessment and Head-to-Toe Assessment

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Learning Objectives

• Refresh principals of:
  • BLS
  • ALS
  • Paramedic primary survey

• Introduction to:
  • History Gathering
  • Clinical Assessment
  • Head-to-Toe Assessment

• Students to be familiar with Clinical Simulation Management Plan

• Students to understand the theory that underpins the Clinical Simulation Assessment Record
Remember these from last week?

**Primary Survey**

- **D** = Danger
- **R** = Response
- **A** = Airway + C spine
- **B** = Breathing
- **C** = Circulation
The Paramedic Path

Primary Survey

Failed
- Primary survey
  - Extrication and rapid transport to hospital

Passed
- Resuscitation
  - Declaration life extinct
- History gathering
- Clinical assessment (observations)
- Head-to-Toe assessment
- Initiate treatment
  - Extricate and transport to hospital
  - TNT and refer to HCP

SECONDARY ASSESSMENT
A primary survey is used to identify immediate, life-threatening events.

Keeps you focused on what is important to maintain life.

Each component **MUST** be fixed before moving on to the next – start again from the top.

It is a dynamic process - you are constantly evaluating the patient and it should be conducted multiple times on the one patient.
SECONDARY ASSESSMENT

- Global survey
- A logical process for conducting a patient assessment; including consideration of scene, situation and M.O.I.
- A body systems approach helps keep it consistent and systematic
- Data collected used to make critical clinical decisions
- Reiterated by the way we write our case cards and document the effectiveness of our therapies
The Paramedic Path

Primary Survey

Failed

Primary survey

Extrication and rapid transport to hospital

Failed

History gathering

Initiate treatment

Extricate and transport to hospital

Passed

Resuscitation

Declaration life extinct

Clinical assessment (observations)

SECONDARY ASSESSMENT

Head-to-Toe assessment

TNT and refer to HCP
History Gathering

- Medical vs Trauma
- Where is the information coming from?
  - patient, family / friends, carers, witnesses
- Scene examination
- Patient interview – ‘listen to the patient, they’re telling you the diagnosis’.
Patient Interview - History Taking Sequence

Presenting Complaint
What is happening? What has happened?

History (of presenting complaint)
What has got us to this point? Recent illness, MOI etc

Past History
Medical history, surgery, hospital admissions etc - AMPLE

Social History
Smoking status, alcohol consumption, illicit substance use, living arrangements etc

Family History
Hereditary medical conditions, significant illnesses etc – Ca, IDDM, HT, IHD, COPD

Body Systems Review
Moves into clinical assessment
The Paramedic Path

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SECONDARY ASSESSMENT
Clinical Assessment

• Body systems approach
• Includes all observations – GCS, Pupils, Temperature, BGL, BP, ECG etc
• Start with presenting complaint and work from there
Clinical Assessment

CNS – GCS, pupils, BGL, temperature, visual disturbances / dizziness / headache, nausea, neurological deficits – dysphagia, dysphasia, facial droop; other motor/sensory issues - limb weakness, paresthesia, numbness, tingling, gait, grip strength, plantar flexion

CVS – pulse, heart rate, ECG, BP, chest pain – DOLOR (description, onset, location, other symptoms, relief)

RESP – rate, rhythm, depth, effort, SpO2, auscultation, pain on inspiration

INTEG – colour, rash, temperature, moisture, capillary refill, turgor

URINARY – regular/irregular, frequency, amount, colour, pain, odour

GASTRO – pain, tenderness, distension, emesis (amount, frequency, contents), bowel motion (reg/irreg, frequency, colour, pain), bowel sounds
The Paramedic Path

**Primary Survey**

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  - Resuscitation
    - Declaration life extinct

- **Passed**
  - History gathering
  - Clinical assessment (observations)
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**SECONDARY ASSESSMENT**
Head-to-Toe Assessment

• Another paramedic specific term – Secondary Survey
• Usually associated with trauma assessment but lots of different interpretations
• You will need to expose the patient to conduct this
• Includes inspection, palpation, auscultation and percussion (covered more in PARA1005 and PARA1006 and in-depth in PARA3000)
• Start at the patient’s head and look and feel all of their body
Head-to-Toe Assessment

M/SKEL or TRAUMA or 2° SURVEY - pain, R.O.M., deformity, blood loss, neurovascular deficits – colour, warmth, sensation, movement and pulse of limbs, contusions, abrasions, skin tear, crepitus, burns, lacerations

Always use subheadings:
• Head/Neck
• Chest/Back
• Abdomen
• Pelvis
• Limbs
The Paramedic Path

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SECONDARY ASSESSMENT
Suggested plan for a first year student managing a patient in cardiac arrest at an Advanced Life Support – level 1

IMPORTANT NOTE: This is only a guide for your scenario. There is more than one way to do this scenario for your assessment. This does not detail everything you need to do in the scenario. However, this will give you a basic plan on how to approach directing your partner to assist you with your cardiac arrest.

DANGER
Thoroughly assess for danger – think of things that could be dangerous and verbalise what you are looking for.
- State aloud that you do not see any dangers and the scene appears safe to enter and you feel safe to continue; or the scene is not safe and you do not feel safe to continue.

RESPONSE
Check for a response - use a loud voice to call to the patient as you approach them and then touch the patient and then apply painful stimuli to the patient (3 checks for response) all whilst maintaining your own safety.
- State aloud that the patient is unresponsive.

AIRWAY
Assess airway patency – perform a basic airway manoeuvre (either head-tilt chin-lift or jaw thrust). Band down close to the patient from the head end and properly look in the patient’s mouth. If it is clear, state loudly that the airway is clear and move on to breathing assessment.
If it is not clear, perform an airway clearing technique (eg suction the airway). After clearing the airway, reassess patency by again properly inspecting.
- State aloud that the airway is clear.

BREATHING (+ PULSE IF DESIRED)
Look, listen and feel for breathing - bend over the patient from the head end and look for chest rise and fall, whilst listening closely to their mouth for breath sounds and put one hand on their chest to feel for chest rise and fall. You may put your other hand on their carotid pulse at this point to SIMULTANEOUSLY assess for a pulse.
- State aloud that there is – NO chest movement, breath sounds or pulse (if you have felt for a pulse).

STATE LOUDLY that patient is UNRESPONSIVE and NOT BREATHING NORMALLY

COMPRESSIONS
Instruct partner to immediately commence chest compressions from side of patient and ensure they perform them with adequate depth, rate and recoil.

COMMUNICATE WITH EOC
Use your radio to confirm cardiac arrest with EOC and request back up.
### Clinical Simulation Assessment Rubric

**PARA1000 - Advanced Life Support (Level 1) Cardiac Arrest Scenario**

<table>
<thead>
<tr>
<th>Performance level (tick)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**DANGER**
- Assesses for and mitigates danger(s)

**RESPONSE**
- Assesses patient for response

**AIRWAY**
- Initial visual inspection
- Airway suction
- Airway device (CPA)

**IMPORTANT NOTE FOR STUDENTS:** A student who receives a tick in any shaded box will receive an **AUTOMATIC FAIL** as these are skills deemed as critical. Additionally an overall score equal to or less than 49% will result in a **FAIL GRADE**.

**Student Name:**

**Date:**
Questions?
Take Home Messages

• Practice Practice Practice!
  - skills and whole simulation scenario in sequence
  - this week’s workshop is the last where you will learn ‘new’ skills
  - don’t forget communication