



## PATIENT ASSESSMENT/MANAGEMENT MEDICAL

Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Skill Evaluator: \_\_\_\_\_ Scenario #: \_\_\_\_\_

Time Start: \_\_\_\_\_ Station #: \_\_\_\_\_

Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines number of patients, requests additional help if necessary		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient (first contact)		1	
Determines responsiveness/level of consciousness		1	
Determines Chief Complaint		1	
Assesses airway and breathing	Assessment [1 point]	3	
	Initiates appropriate oxygen therapy [1 point]		
	Assures adequate ventilation [1 point]		
Assesses circulation	Assesses central/peripheral pulses [1 point]	2	
	Assesses skin [color, temp, condition][1 point]		
Determines patient's priority, makes transport decision		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT</b>			
Allergies		1	
Medications		1	
Past medical history		1	
Last Oral Intake		1	
Events leading to present illness		1	
Assess PQRST if applicable (1 point for each question)		5	
Assesses affected body system/completes rapid assessment		1	
Obtains vital signs	Assesses breathing rate [1 point]	3	
	Assesses pulse rate [1 point]		
	Assesses blood pressure [1 point]		
Verbalizes proper intervention or treatment		3	
Verbalizes on-going assessment		1	

Time End: \_\_\_\_\_

**TOTAL            30**

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not determine scene safety (if appropriate)
- \_\_\_\_\_ Did not obtain medical direction or verbalize standing orders for medication interventions
- \_\_\_\_\_ Did not provide appropriate oxygen therapy
- \_\_\_\_\_ Did not evaluate and find adverse conditions of airway, breathing, or circulation
- \_\_\_\_\_ Did not manage adverse conditions affecting the airway, breathing or circulation
- \_\_\_\_\_ Did not differentiate patient's need of immediate transportation versus continued scene assessment
- \_\_\_\_\_ Does other detailed physical examination or treatment before assessing and treating problems associated with the airway, breathing or circulation
- \_\_\_\_\_ Did not complete assessment and treatment of patient within the 10 minute time limit

**COMMENTS:** \_\_\_\_\_

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