### PATIENT ASSESSMENT - MEDICAL

**Candidate:**

**Examiner:**

**Date:** _______________

**Signature:**

**Scenario:**

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<table>
<thead>
<tr>
<th>Actual Time Started:</th>
<th>Possible Points</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes appropriate PPE precautions</td>
<td>1</td>
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</tbody>
</table>

**SCENE SIZE-UP**

- Determines the scene/situation is safe
- Determines the mechanism of injury/nature of illness
- Determines the number of patients
- Requests additional help if necessary
- Considers stabilization of spine

**PRIMARY SURVEY**

- Verbalizes general impression of the patient
- Determines responsiveness/level of consciousness
- Determines chief complaint/apparent life-threats
- Assesses airway and breathing
  - Assessment (1 point)
  - Assures adequate ventilation (1 point)
  - Initiates appropriate oxygen therapy (1 point)
- Assesses circulation
  - Assesses/controls major bleeding (1 point)
  - Assesses skin [either skin color, temperature, or condition] (1 point)
  - Assesses pulse (1 point)
- Identifies priority patients/makes transport decision

**HISTORY TAKING AND SECONDARY ASSESSMENT**

- History of present illness
  - Onset (1 point)
  - Severity (1 point)
  - Provocation (1 point)
  - Time (1 point)
  - Quality (1 point)
  - Clarifying questions of associated signs and symptoms as related to OPQRST (2 points)
  - Radiation (1 point)
- Past medical history
  - Allergies (1 point)
  - Past pertinent history (1 point)
  - Events leading to present illness (1 point)
  - Medications (1 point)
  - Last oral intake (1 point)
- Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment]
  - Cardiovascular
  - Neurological
  - Integumentary
  - Reproductive
  - Pulmonary
  - GI/GU
  - Psychological/Social
- Vital signs
  - Pulse (1 point)
  - Respiratory rate and quality (1 point each)
  - Blood pressure (1 point)
  - AVPU (1 point)
- Diagnostics [must include application of ECG monitor for dyspnea and chest pain]
  - 2
- States field impression of patient
  - 1
- Verbalizes treatment plan for patient and calls for appropriate intervention(s)
  - 1
- Transport decision re-evaluated
  - 1

**REASSESSMENT**

- Repeats primary survey
  - 1
- Repeats vital signs
  - 1
- Evaluates response to treatments
  - 1
- Repeats secondary assessment regarding patient complaint or injuries
  - 1

**Actual Time Ended: _______________

**CRITICAL CRITERIA**

<table>
<thead>
<tr>
<th>CRITICAL CRITERIA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Failure to initiate or call for transport of the patient within 15 minute time limit</td>
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<tr>
<td>_____ Failure to take or verbalize appropriate PPE precautions</td>
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<tr>
<td>_____ Failure to determine scene safety before approaching patient</td>
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<tr>
<td>_____ Failure to voice and ultimately provide appropriate oxygen therapy</td>
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<tr>
<td>_____ Failure to assess/provide adequate ventilation</td>
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<tr>
<td>_____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]</td>
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<tr>
<td>_____ Failure to differentiate patient’s need for immediate transportation versus continued assessment and treatment at the scene</td>
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<tr>
<td>_____ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation</td>
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<tr>
<td>_____ Failure to determine the patient’s primary problem</td>
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<td>_____ Orders a dangerous or inappropriate intervention</td>
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<tr>
<td>_____ Failure to provide for spinal protection when indicated</td>
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*You must factually document your rationale for checking any of the above critical items on the reverse side of this form.*