Scene safety, BSI

Consider MOI

Scene Size Up

Introduce self

Ask permission to help

What’s their name?

Age?

Take qualitative pulse

Apply Pulse Ox

Introduction

First Impressions

Level of Consciousness

ABCD’s

Determine Level of consciousness

AVPU/ GCS (Glasgow Coma Scale)

ABCD’s

Do you know where you are?

Do you know approx. what time it is?

Do you know what day it is?

LOR Questions

Did you hit your head, neck or back?

Does your head, neck or back hurt?

Ever lose consciousness?

Any prior HEAD conditions?

Treatment

(CMS before and After)

And

Transport

Head to Toe Ax

Medical Questions

ALWAYS Questions

SAMPLE

Full Body Survey

Vital Signs

Radio Call

S = sex

A = age

I = injury

L = location

E = equipment

R = request ambulance/assistance

~~S = signs/symptoms~~

A = allergies

M = medications

P = prior medical conditions

L = last oral intake

~~E = events leading up to~~

O- onset

P- provokes

Q- quality

R- radiates

S- severity

T- time

Where does it hurt?

How does it feel?

Pulse (rate, regularity, strength)

Respirations (rate, rhythm, depth)