

CHAPTER 11

Scene Size-Up

HANDOUT 11-1: Evaluating Content Mastery Student's Name

EVALUATION

CHAPTER 11 QUIZ

Write the letter of the best answer in the space provided.

- _____ 1. Which of the following is NOT a part of the scene size-up?
- A. Determining the mechanism of injury
 - B. Determining the number of patients
 - C. Establishing an airway
 - D. Taking body substance isolation precautions
- _____ 2. Body substance isolation precautions (Standard Precautions) may include:
- A. gloves, eyewear, mask. C. a PFD.
 - B. turnout gear. D. a rescue helmet.
- _____ 3. The scene size-up should take place:
- A. only at the beginning of a call.
 - B. at the beginning and throughout the entire call.
 - C. at the beginning and at the end of the call.
 - D. after life-threatening conditions have been corrected.
- _____ 4. When there are no apparent hazards, the danger zone at the scene of a

vehicle collision should extend at least:

- A. 50 feet in all directions. C. 100 feet in all directions.
- B. 50 feet in the direction of the impact. D. 100 feet from the ambulance.

_____ 5. When fuel has been spilled at a motor-vehicle collision, the danger zone should be extended at least:

- A. 50 feet in all directions. C. 100 feet in all directions.
- B. 50 feet uphill and 300 feet downhill. D. 500 feet in all directions.

_____ 6. If you observe potential signs of violence at a scene, your first action generally should be to:

- A. stabilize the patient.
- B. retreat to a position of safety.
- C. contact medical direction.
- D. turn on the siren and all lights on the ambulance.

_____ 7. In every motor vehicle accident there are actually how many collisions?

- A. Two C. Four
- B. Three D. Five

_____ 8. A fall should be considered severe whenever patients have fallen:

- A. twice their height. C. 10 feet.
- B. 5 feet. D. three times their height.

_____ 9. During scene size-up at a multiple-vehicle crash, it is important to determine the number of patients because:

A. additional EMS resources may have to be called if there are more patients than the first crew on the scene can handle.

B. run reports are required for each patient.

C. ALS must be called if there are more than two patients.

D. the media must be given accurate information.

_____ 10. The temporary hole in a body that is caused by the pressure wave of the bullet is called:

A. the entry wound. **C.** the exit wound.

B. a powder burn. **D.** cavitation.

HANDOUT 11-2: Reinforcing Content Mastery Student's Name

REINFORCEMENT

IN THE FIELD

Review the following real-life situation. Then answer the questions that follow.

Your unit is dispatched to a motor-vehicle collision. You are the EMT in charge. The dispatch time is 23:58 hours. Weather conditions include a moderate rainfall, wind out of the north at 5 mph, and a temperature of 36°F. The only information available from dispatch is that they have a report of a single vehicle that has struck a power pole.

1. What scene size-up considerations should you have in mind as you approach the scene?

You are the first emergency unit to reach the scene. You observe that a midsize passenger car has struck a power pole head-on. You see a victim in the car moving around. Power lines are down, and there is a strong smell of gasoline in the air.

2. What actions should you take in regard to scene size-up?

CHAPTER 11 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. Determining scene safety means looking for possible threats to the safety of the _____, _____, and _____.
2. A(n) _____ exists around the wreckage of every vehicle collision, within which special safety precautions must be taken.
3. The forces that may have caused injury to a patient are the _____.
4. A key element of _____ is always to have personal protective gear readily available.
5. During scene size-up the EMT must maintain a high _____ based on the mechanism of injury.
6. When hazardous material is involved at a scene, check the Department of Transportation's _____.
7. With a medical patient, finding out what is or may be wrong with the patient is called identifying the _____.
8. Important sources of information for determining what is wrong with a medical patient

include: the patient, _____ or
_____, and the _____.

9. One sign of potential violence at a scene is unusual _____.

10. If your scene size-up indicates you do not have sufficient resources to handle the call, you should request _____.

SCENE SIZE-UP LISTING

Complete the following lists.

1. List the four basic elements of the scene size-up.

2. List three categories of people that the EMT must be concerned with in ensuring scene safety.

3. List at least four scene size-up considerations you should have in mind when you are in sight of a motor vehicle crash or hazardous materials emergency.

4. List at least four signals that would lead you to suspect danger of violence at the scene of a call.

5. List five types of motor vehicle collisions.

6. List three potential sources of information about the nature of a patient's illness.

RECOGNIZING INJURY PATTERNS

1.



2.



3.



For each of the three collisions pictured on the previous page, identify the type of collision and the type of injuries commonly associated with it.

REINFORCEMENT

1. _____ collision. Types of injuries:
2. _____ collision. Types of injuries:
3. _____ collision. Types of injuries:

Chapter 11 Answer Key

HANDOUT 11-1: Chapter 11 Quiz

1. C
2. A
3. B
4. A
5. C
6. B
7. B
8. D
9. A
10. D

HANDOUT 11-2: In the Field

1. Because it is late, dark, and stormy, you should be especially alert for the possibility of victims or bystanders in or on the roadway as you approach. Watch for unusual traffic patterns. See if you can spot arcing from downed power lines or a glow that might indicate fire. You should also be aware of other vehicles and unexpected or unsafe driving practices. These include drivers making sudden U-turns as they approach the scene, drivers driving on the shoulder of the road to get around the accident, and drivers going too fast for conditions because they are not aware an accident has taken place.

2. You should look for clues to escaped hazardous materials, keep looking for collision victims or bystanders, and watch for smoke. Because the power lines are down and there is a smell of

spilled fuel, you would park the unit at least 100 feet from the wreck, upwind if possible. Be sure the unit is at least one full span of wires from power poles to which broken wires are attached. Mark the danger zone not with flares but with reflective triangles or cones. Make sure your emergency lights are activated. Consider using the traffic director light on your vehicle if it has one. Because the weather is wet and the temperature is so cold, you should be alert to the possibility of icing and consider expanding the danger zone. Request fire department and power company backup. You should also be alert for drivers who are not aware of the accident and may barrel into your scene. If possible, assign a first responder to constantly monitor traffic and alert everyone to potential danger.

HANDOUT 11-3: Chapter 11 Review

- 1.crew; the patient; bystanders
- 2.danger zone
- 3.mechanism of injury
- 4.Standard Precautions (body substance isolation)
- 5.index of suspicion
- 6.*North American Emergency Response Guidebook*
- 7.nature of the illness
- 8.family members; bystanders; scene
9. silence
- 10.additional resources

HANDOUT 11-4: Scene Size-Up Listing

- 1.Scene safety; Standard Precautions (body substance isolation); Mechanism of injury and/or

nature of illness; Determining number of patients

2. Personnel (crew); Patient; Bystanders

3. Look for clues to escaped hazardous materials; Look for collision victims on road; Look for smoke; Look for broken utility poles and downed wires; Be alert for people walking on road; Watch for signals of police and other EMS crews.

4. Fighting or loud voices; Weapons visible; Signs of alcohol or drug use; Unusual silence; Knowledge of prior violence

5. Head-on (up-and-over and down-and-under); Rear-end; Side-impact; Rollover; Rotational-impact

6. The patient; Family members or bystanders; The scene

HANDOUT 11-5: Recognizing Patterns of Injury

1. Head-on collision. Types of injuries: up-and-over—head, neck, chest, abdominal injuries; down-and-under—knee, hip, and leg injuries

2. Rear-end collision. Types of injuries: neck (most common), head, chest

3. Side-impact collision. Types of injuries: head and neck, chest, abdomen, pelvis, thighs

CHAPTER 12

The Primary Assessment

Handout 12-1: Evaluating Content Mastery Student's Name

EVALUATION

CHAPTER 12 QUIZ

Write the letter of the best answer in the space provided.

_____ 1. The portion of the assessment that is designed to identify and treat immediately life-threatening conditions is called the:

- A. priority assessment. C. detailed assessment.
B. ongoing assessment. D. primary assessment.

_____ 2. Actions taken to correct a patient's problems are known as:

- A. ABCs. C. interventions.
B. AVPU. D. primary assessment.

_____ 3. When an EMT feels that a patient just "doesn't look right," this is called:

- A. prehospital perspective. C. clinical judgment.
B. diagnostic insight. D. critical facilitation.

_____ 4. All of the following are examples of interventions EXCEPT:

- A. clearing an airway. C. checking a carotid pulse.
B. ventilating a nonbreathing patient. D. taking manual spinal immobilization.

_____ 5. In any patient with suspected spinal injury, an EMT should apply man-

ual stabilization:

A. after the primary assessment. **C.** after the SAMPLE history.

B. on first contact with the patient. **D.** en route to the hospital.

_____ **6.** Using the AVPU scale, a patient who will respond only to a brisk rubbing of the sternum would receive a rating of:

A. alert. **C.** painful.

B. verbal. **D.** unresponsive.

_____ **7.** If a patient is not alert and is breathing less than 8 breaths a minute, the EMT should:

A. begin mouth-to-mouth ventilations.

B. give high-concentration oxygen via a nonrebreather mask.

C. ventilate with a positive pressure device and 100 percent oxygen.

D. give high-concentration oxygen via nasal cannula.

_____ **8.** In light-skinned people, poor circulation is indicated if the skin at the wrist is pale and:

A. warm. **C.** pink.

B. clammy. **D.** dry.

_____ **9.** The assessment sign that is generally more reliable in children than adults is:

A. capillary refill. **C.** pulse rate.

B. blood pressure. **D.** respiratory rate.

_____ **10.** The mental status of unresponsive infants is typically checked by flicking the feet and:

- A.** talking to the infant. **C.** shaking the infant.
B. rubbing the sternum briskly. **D.** picking up the infant.

REINFORCEMENT

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

One afternoon you and your partner are dispatched to “an elderly woman who is having trouble breathing.” Upon your arrival at the scene, the woman’s husband meets you at the door. He says, “I’m worried about my wife. She’s been feeling ill lately—tired, coughing, fever; you know, flu-like symptoms.”

The husband leads you into the bedroom. Here you see a woman in her 60s supine on the bed with her head propped up on three pillows. From where you stand in the doorway, she appears pale and sweaty. Many boxes of tissues surround the bed. On seeing you, the patient gasps, “I can’t breathe.”

You now begin your primary assessment. The patient is awake, but she speaks in short, choppy sentences. She answers your questions but is confused about her surroundings and the time of day. As you start taking vital signs, she becomes resistive, and you try to calm her fears. You note that her breathing is rapid and shallow. She has a rapid, weak radial pulse. Her skin is cool and clammy.

1. Based on the first two paragraphs, what is your general impression of the woman’s condition?
2. Based on your primary assessment, what treatments are needed?
(List the steps in order.)
3. Should the patient be rated as “priority”? Why or why not?

CHAPTER 12 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The purpose of the primary assessment is to identify and treat immediately _____ - _____ conditions and to set _____ for further assessment.
2. Actions to stop threats to life, such as gross bleeding, are called _____.
3. The _____ is the reason EMS was called and should usually be recorded in the patient's own words.
4. The "sixth sense" that an EMT develops about a patient's condition is known as _____.
5. The _____, or physical setting, can provide many clues in forming a general impression of the patient.
6. An EMT should apply _____ on first contact with any patient who he or she suspects may have an injury to the spine.
7. Before beginning any primary assessment, an EMT should take _____ Precautions.
8. For infants and children, circulation can be evaluated by testing _____.
9. The level of responsiveness in a patient is called _____.
10. _____ on the AVPU scale applies to a patient who is not awake

but responds to shouting.

11. The rating on the AVPU scale that indicates the most serious mental status is

_____.

12. An awake patient's mental status can be assessed by determining his orientation to

_____, _____, and
_____.

13. If a patient is not alert and her breathing rate is slower than 8 breaths per minute, provide

_____ - _____
_____.

14. If a patient is alert and his breathing rate is more than 24 breaths per minute, provide 100

percent oxygen by _____.

15. In child and infant trauma patients, the head should be immobilized in a

_____ position.

FORMING REASONED JUDGMENTS ABOUT ASSESSMENT

Evaluate your ability to make a reasoned judgment in assessing and prioritizing patient care by completing each of the following matching exercises.

I. Write the letter of the probable injury next to the environmental clue likely to be associated with it.

Environmental Clue

Probable Injury

- | | |
|-----------------------------------------|-----------------------------------|
| _____ 1. Overturned ladder | A. Burn injury |
| _____ 2. Bloody knife | B. Hip injury |
| _____ 3. Rainy day, temperature of 42°F | C. Laceration |
| _____ 4. Frying pan overturned on floor | D. Exposure |
| _____ 5. Deformed steering wheel | E. Neck and spine injuries |

II. Write the letter of the probable patient condition next to the patient position likely to be associated with it. (Conditions can be used more than once.)

Patient Position

Probable Condition

- | | |
|---------------------------------|-----------------------------|
| _____ 6. Tripod, arms on knees | F. Trouble breathing |
| _____ 7. Supine, eyes closed | G. Pain |
| _____ 8. Fetal position, crying | H. Unconscious |
| _____ 9. Clutching abdomen | |
| _____ 10. Fist to chest | |

III. Write the letter of the correct priority rating next to the patient condition. (Priority ratings can be used more than once.)

Patient Condition

Patient Status

- | | | |
|-------|-------------------------------------|--------------------------------|
| _____ | 11. Unresponsive | I. Unstable |
| _____ | 12. Severe pain | J. Stable |
| _____ | 13. Broken arm | K. Potentially unstable |
| _____ | 14. Difficulty breathing | |
| _____ | 15. Cut, bleeding controlled | |

PRIMARY ASSESSMENT LISTING

Complete the following lists.

1. List the six steps of primary assessment.

2. List the four levels of responsiveness on the AVPU scale.

3. List the nine high-priority concerns.

4. List five things that will help the EMT determine if the patient is stable, unstable, or potentially unstable.

Chapter 12 Answer Key

HANDOUT 12-1: Chapter 12 Quiz

1. D
2. C
3. C
4. C
5. B
6. C
7. C
8. B
9. A
10. A

HANDOUT 12-2: In the Field

1. The husband's history, the patient's chief complaint, and physical surroundings would lead an EMT to conclude that the patient has a respiratory problem. Difficulty breathing is a high-priority problem and necessitates a good assessment.
2. The patient's airway is open. Therefore, one of the first interventions is administration of high-concentration oxygen applied by a nonrebreather mask. Vital signs indicate a high potential for shock, so medical direction should be alerted that the patient is ready for immediate transport.
3. The patient is a high priority. The patient has difficulty breathing. Although she is responsive, the patient is not following commands. Her inability to identify place and time indicates

the potential for shock.

HANDOUT 12-3: Chapter 11 Review

- 1.life-threatening; priorities
- 2.interventions
- 3.chief complaint
- 4.clinical judgment
- 5.environment
- 6.manual stabilization
- 7.Standard (body substance isolation)
- 8.capillary refill
- 9.mental status
- 10.Verbal (V)
- 11.unresponsive (U)
- 12.person, place, time
- 13.positive-pressure ventilations
- 14.nonrebreather mask
- 15.neutral

HANDOUT 12-4: Forming Reasoned Judgments about Assessment

1. B
2. C
3. D
4. A

- 5. E
- 6. F
- 7. H
- 8. G
- 9. G
- 10. G
- 11. I
- 12. K
- 13. J
- 14. I
- 15. K

HANDOUT 12-5: Primary Assessment Listing

1. Form a general impression; Assess mental status; Assess airway; Assess breathing; Assess circulation; Determine priority
2. Alert: awake and oriented; Verbal: responds to verbal stimulus; Painful: responds to painful stimuli; Unresponsive: does not respond to any stimulus
3. Poor general impression; Unresponsive; Responsive, but not following commands; Difficulty breathing; Shock; Complicated childbirth; Chest pain consistent with cardiac problems; Uncontrolled bleeding; Severe pain anywhere
4. Mechanism of injury, Nature of illness, Mental status, Vital signs, Significant blood loss

CHAPTER 13

Vital Signs and Monitoring Devices

Handout 13-1: Evaluating Content Mastery Student's Name

EVALUATION

CHAPTER 13 QUIZ

Write the letter of the best answer in the space provided.

_____ 1. Which of the following is NOT a vital sign?

- A. Pulse C. Temperature
- B. Mental status D. Blood pressure

_____ 2. You should obtain the first vital signs:

- A. during the scene size-up.
- B. during the focused history and physical exam.
- C. during the beginning of the initial assessment.
- D. immediately after determining responsiveness.

_____ 3. The vital sign that is least useful in adults is:

- A. skin color. C. pupillary reaction.
- B. capillary refill. D. blood pressure.

_____ 4. The patient that you would expect to have the slowest at-rest pulse rate is a(n):

- A. child. C. athlete.
- B. adult man. D. elderly woman.

- _____ 5. An EMT should be most concerned with a pulse rate maintained above:
- A. 60 beats per minute.
 - B. 80 beats per minute.
 - C. 100 beats per minute.
 - D. 120 beats per minute.
- _____ 6. In case of shock or later stages of blood loss, an EMT would expect the pulse to be:
- A. rapid, strong, and bounding.
 - B. rapid and thready.
 - C. slow.
 - D. absent.
- _____ 7. The first pulse taken by an EMT on patients one year and older is the:
- A. carotid pulse.
 - B. radial pulse.
 - C. femoral pulse.
 - D. pedis dorsalis pulse.
- _____ 8. If an EMT has trouble finding the radial pulse on a conscious patient, he should first:
- A. try the other side of the same wrist.
 - B. press more gently.
 - C. use the thumb to palpate the pulse.
 - D. try the wrist on the other arm.
- _____ 9. A rapid pulse, or any pulse over 100 beats per minute, is called:
- A. tachycardia.
 - B. bradycardia.
 - C. diastolic.
 - D. systolic.
- _____ 10. A person is considered febrile if he has a temperature greater than:
- A. 98.6°F.
 - B. 99.6°F.
 - C. 101°F.
 - D. 102°F.

B. 100°F. **D.** 99°F.

_____ **11.** In cases of children and infants, an EMT can expect to find the highest normal respiration rates in a(n):

A. adolescent. **C.** infant.

B. preschooler. **D.** newborn.

_____ **12.** All of the following are signs of labored breathing EXCEPT:

A. nasal flaring. **C.** grunting.

B. retractions. **D.** palpitations.

_____ **13.** The respiratory sound that points toward medical problems such as asthma is:

A. snoring. **C.** gurgling.

B. wheezing. **D.** crowing.

_____ **14.** The respiratory sound that indicates a patient might need suctioning is:

A. crowing. **C.** snoring.

B. wheezing. **D.** gurgling.

_____ **15.** The skin color that indicates poor circulation is:

A. pale. **C.** flushed.

B. mottling. **D.** jaundiced.

_____ **16.** The skin color that indicates inadequate breathing or heart function is:

A. pink. **C.** mottling.

B. cyanotic. **D.** pale.

- _____ 17. For skin to be called “clammy,” it must be:
- A. moist and warm. C. damp.
 - B. cool and dry. D. cool and moist.
- _____ 18. When checking pupils, an EMT should look for all of the following EXCEPT:
- A. size. C. reactivity.
 - B. equality. D. color.
- _____ 19. In cases of stroke or head injury, the pupils are likely to be:
- A. dilated. C. unequal.
 - B. constricted. D. nonreactive.
- _____ 20. A normal systolic blood pressure for a 40-year-old female would be:
- A. 90. C. 130.
 - B. 100. D. 140.
- _____ 21. When deflating the cuff of a sphygmomanometer, the “systolic” blood pressure is the:
- A. first sound. C. dullest sound.
 - B. last sound. D. most muffled sound.
- _____ 22. A normal pulse oximeter reading is at least:
- A. 90 percent. C. 85 percent.
 - B. 99 percent. D. 96 percent.
- _____ 23. For unstable patients, an EMT should take vital signs every:
- A. 20 minutes. C. 10 minutes.
 - B. 15 minutes. D. 5 minutes.

_____ 24. In distinguishing signs from symptoms, an example of a symptom would be:

A. chest pain. **C.** retractions.

B. slow pulse. **D.** cyanosis.

_____ 25. A normal blood glucose level is usually no more than:

A. 60 mg/dL. **C.** 80 mg/dL.

B. 200 mg/dL. **D.** 140 mg/dL.

REINFORCEMENT

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

You're looking out the window of the fire station watching the snow fall. The blare of the speaker breaks the peace: "Engine 54 respond to an elderly woman complaining of shortness of breath, 21 New York Avenue. Time out 0600."

"Just around the corner," you say to your partner. As expected, you arrive on the scene in just a few minutes. You survey a quiet neighborhood, known for housing many retirees. Nothing in the immediate environment of the house indicates possible danger. The crew dons gloves as they walk up to the door. After you knock on the door, a woman's voice invites you to enter. Upon entering, you find an elderly woman sitting upright on an overstuffed chair in the living room. She is awake and responsive to your questions. Her chief complaint is that she "can't breathe." Your general impression is that she is in some degree of breathing distress. The woman has an open airway, but her breathing is labored and noisy. One crew member starts to administer high-concentration oxygen by nonrebreather mask.

While oxygen is administered, you continue with patient assessment. The woman's pulse is rapid, faster than 100 beats per minute. You advise the lieutenant that the patient is "high priority." She, in turn, advises the incoming ambulance of the patient's condition and priority. The ambulance reports that weather conditions will delay their arrival by several minutes.

One crew member proceeds to obtain vital signs as you begin the patient interview. You ask the patient to describe her symptoms. You ask, "Have you had any coughing or bloody sputum?"

She responds to your questions with choppy answers, a sign of difficulty breathing. You ask if

the patient has any allergies. You also find out if she is taking any medications. Finally, you inquire whether she has had similar episodes like this one.

The crew member taking the vital signs interrupts briefly to relate his findings. He reports that the patient's heart rate is 110 beats per minute, strong and slightly irregular. He also indicates a blood pressure of 160/110, a temperature of 98.8° F, and a respiratory rate of 28, with labored breathing. He also reports a blood glucose monitor reading of 140 mg/dL.

The woman offers, "Had a nagging cough for several days. Last night I had so much trouble breathing that I got up to sit in the easy chair. I've been sleeping on and off all night." She denies any allergies, but did suffer a heart attack several years ago and a subsequent "heart failure." She is on digoxin, Lasix, and potassium supplements.

You ask the patient when she last had anything to eat or drink. Her answer completes your history. As you write down the information, the ambulance pulls up.

1. What are the patient's baseline vital signs?
2. How long should the crew member spend in taking the patient's pulse?

Why?

3. Which parts of the passage describe the patient's symptoms?
4. What priority would you assign this patient?
5. What vital sign(s) are the most important in determining her priority status?
6. What vital sign(s) are the least important in determining her status?

CHAPTER 13 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The most important part of the patient assessment is the
_____.
2. The outward signs of what is going on inside a patient's body are the
_____.
3. The first set of vital signs an EMT obtains is called _____
vital signs.
4. The rhythmic beats felt as the heart pumps blood through the arteries is called the
_____.
5. A rapid pulse, usually over 100 beats per minute, is known as
_____.
6. A slow pulse, usually below 60 beats per minute, is known as
_____.
7. Pressing too hard on the _____ artery can result in a slowing
of the heart.
8. If the pulse rate, rhythm, or character is not normal, an EMT should continue taking the
count for _____ seconds.
9. For determination of vital signs, an EMT is concerned with two respiratory factors:
_____ and _____.
10. An EMT should be concerned with an adult patient with a respiratory rate above
_____ breaths per minute or below

- _____ breaths per minute.
11. Snoring, wheezing, gurgling, and crowing are examples of _____ breathing.
 12. _____ sounds usually mean that an EMT needs to suction the patient's airway.
 13. A good place for an EMT to assess a patient's skin temperature is a patient's _____.
 14. The best places for an EMT to assess the skin color of a dark-skinned patient are the inner eyelids, lips, and _____.
 15. "Goose pimples" or "goose bumps" are associated with exposure to _____, _____, or _____.
 16. In cases of stroke, a patient's pupils will probably be _____.
 17. The proper term for a blood pressure cuff is _____.
 18. The force of blood against the walls of the blood vessels is known as _____.
 19. The center of the bladder of the blood pressure cuff should be over the _____ artery.
 20. Taking blood pressure by use of the fingertips is known as _____.
 21. A(n) _____ is objective—something an EMT sees, hears, feels, and smells when examining a patient.
 22. A(n) _____ is subjective—an indication an EMT cannot ob-

serve but that the patient feels and describes.

23. A person with a pulse oximetry level less than _____ is considered to be in _____ hypoxia.

24. A blood glucose level less than _____ is considered to be low.

25. In introducing themselves to patients, EMTs should try to position themselves at _____ with the patients.

VITAL SIGNS AND MONITORING DEVICES MATCHING

Write the letter of the term in the space provided next to the appropriate description.

- A.** Brachial
- B.** Blood pressure
- C.** Auscultation
- D.** Bradycardia
- E.** Carotid
- F.** Constrict
- G.** Dilate
- H.** Respiration
- I.** Pupil
- J.** Sign
- K.** Symptom
- L.** Radial
- M.** Systolic
- N.** Tachycardia
- O.** Vital signs

- _____ 1. Pressure created when the heart contracts
- _____ 2. Pulse felt in the major artery in the neck
- _____ 3. Rapid pulse, usually above 100 beats per minute
- _____ 4. Force of blood against the walls of blood vessels
- _____ 5. Objective indication of a patient's condition

- _____ **6.** Pulse felt in the major artery of the upper arm
- _____ **7.** To get smaller, as in the pupils of the eyes
- _____ **8.** Slow pulse rate, usually below 60 beats per minute
- _____ **9.** Act of breathing in and out
- _____ **10.** Subjective indication of a patient's condition
- _____ **11.** Outward signs of what is going on inside the body
- _____ **12.** Black center of the eye
- _____ **13.** Listening, as in use of a stethoscope for characteristic sounds
- _____ **14.** To get larger, as in the pupils of the eyes
- _____ **15.** Pulse felt at the wrist

REASONED JUDGMENTS ABOUT VITAL SIGNS

Evaluate your ability to make a reasoned judgment about vital signs and the monitoring devices by writing the letter of the probable cause next to the correct sign. (Each answer can be used only once.)

I. Respiratory System

Sign

Probable Cause

- | | | |
|-------|-------------|--------------------------------------------------------|
| _____ | 1. Snoring | A. Medical problem that cannot be treated on the scene |
| _____ | 2. Wheezing | B. Fluids in the airway |
| _____ | 3. Gurgling | C. Asthma |
| _____ | 4. Crowing | D. Blocked airway |

II. Skin Temperature

Sign

Probable Cause

- | | | |
|-------|--------------------|---------------------|
| _____ | 5. Cool, clammy | E. Fear |
| _____ | 6. Hot, dry | F. High fever |
| _____ | 7. Cold, dry | G. Shock |
| _____ | 8. "Goose pimples" | H. Exposure to cold |

III. Skin Color

Sign

Probable Cause

- | | | |
|-------|-------------|----------|
| _____ | 9. Cyanotic | I. Shock |
|-------|-------------|----------|

- | | | |
|-------|----------------------|-------------------------------|
| _____ | 10. Pale | J. Hypoxia |
| _____ | 11. Flushed | K. Liver problems |
| _____ | 12. Jaundiced | L. High blood pressure |

IV. Pupils

Sign

Probable Cause

- | | | |
|-------|------------------------|----------------------|
| _____ | 13. Dilated | M. Stroke |
| _____ | 14. Constricted | N. Blood loss |
| _____ | 15. Unequal | O. Drugs |

V. Temperature

Sign

Probable Cause

- | | | |
|-------|------------------|-----------------------|
| _____ | 16. 101°F | P. Heat stroke |
| _____ | 17. 93°F | Q. Hypothermia |
| _____ | 18. 105° | R. Infection |

Chapter 13 Answer Key

HANDOUT 13-1: Chapter 13 Quiz

1. B
2. B
3. B
4. C
5. D
6. B
7. B
8. D
9. A
10. B
11. D
12. D
13. B
14. D
15. A
16. B
17. D
18. D
19. C
20. C
21. A

- 22. D
- 23. D
- 24. A
- 25. D

HANDOUT 13-2: In the Field

1. First complete set of vital signs: heart rate 110 beats per minute, blood pressure 160/110, respiration rate of 28 and labored.
2. Because the pulse is irregular, the crew member should take it for 60 seconds.
3. Symptoms include conditions described by the patient, such as her nagging cough for several days, the lack of sleep the prior night, the fact that she needs to sit upright, the denial of allergies, and background on cardiac problems and related medications.
4. The patient is high priority because she is breathing rapidly. She also has a sustained rapid pulse. Remind students that the decision for high-priority transport is made early by EMTs, especially in the absence of advanced life support.
5. The rapid breathing and sustained rapid pulse are the most important.
6. The blood glucose level and temperature are the lowest because they are normal.

HANDOUT 13-3: Chapter 13 Review

1. chief complaint
2. vital signs
3. baseline
4. pulse

- 5.tachycardia
- 6.bradycardia
7. carotid
8. 60
- 9.rate; quality
10. 24; 8
11. noisy
- 12.Gurgling
- 13.forehead
- 14.nail beds
- 15.cold, pain, fear
- 16.unequal
- 17.sphygmomanometer
- 18.blood pressure
- 19.brachial
- 20.palpation
21. sign
- 22.symptom
23. 85; severe
24. 60 mg/dL
- 25.eye level

HANDOUT 13-4: Vital Signs and Monitoring Devices Matching

1. M
2. E
3. N
4. B
5. J
6. A
7. F
8. D
9. H
10. K
11. O
12. I
13. C
14. G
15. L

HANDOUT 13-5: Reasoned Judgments About Vital Signs

1. D
2. C
3. B
4. A
5. G
6. F

- 7. H
- 8. E
- 9. J
- 10. I
- 11. L
- 12. K
- 13. N
- 14. O
- 15. M
- 16. R
- 17. O
- 18. P

CHAPTER 14

THE SECONDARY ASSESSMENT

Handout 14-1: Evaluating Content Mastery Student's Name

EVALUATION

CHAPTER 14 QUIZ

Write the letter of the best answer in the space provided.

_____ 1. After the rapid trauma assessment, the more thorough assessment that an EMT performs is the:

- A. focused physical exam.
- B. primary survey.
- C. detailed physical exam.
- D. scene survey.

_____ 2. The decision to do a rapid trauma assessment is based on:

- A. information obtained from the SAMPLE history.
- B. the number of patients.
- C. mechanism or injury.
- D. vitals being outside normal limits.

_____ 3. Which of the following would appear in the secondary assessment of a medical patient with no signs of trauma or significant mechanism of injury?

- A. Determine responsiveness.

- B.** Assess history of present illness.
- C.** Determine chief complaint.
- D.** Do a detailed examination of all extremities.

_____ **4.** When performing the rapid trauma assessment, the EMT should examine the patient for wounds, tenderness, and:

- A.** response. **C.** deformities.
- B.** AVPU. **D.** severity.

_____ **5.** The patient's statement, "I feel like I just can't get enough air when I breathe" best relates to what letter of the SAMPLE mnemonic?

- A.** S **B.** L **C.** M **D.** P

_____ **6.** In which situation would the past medical history NOT lead to important prehospital treatment?

- A.** A 16-year-old asthmatic with shortness of breath
- B.** A 30-year-old postseizure patient with a history of epilepsy
- C.** A 55-year-old male with substernal chest pain and a history of angina
- D.** A 14-year-old boy stung by a bee, who is allergic to bee stings

_____ **7.** On most runs by EMT crews, most of the history of the present illness for a child is usually gathered from the:

- A.** family physician. **C.** parents.
- B.** child. **D.** medical dispatcher.

_____ **8.** The physical examination of the responsive medical patient is a:

- A.** detailed head-to-toe exam.
- B.** specialized exam that is focused on the ABCs.

- C. rapid physical examination.
- D. focused exam centered on the area of complaint.

_____ 9. Which of the following would you be LEAST likely to obtain with an unresponsive medical patient?

- A. chief complaint
- B. blood pressure
- C. condition of pupils
- D. pulse

_____ 10. For the unresponsive medical patient, the EMTs would begin by:

- A. requesting ALS support.
- B. performing a rapid physical examination.
- C. obtaining a SAMPLE history from bystanders.
- D. immediately packaging the patient for transportation.

_____ 11. All of the following would be considered “significant” mechanisms EXCEPT:

- A. death of another occupant in a car.
- B. fall from a standing position, less than 6 feet.
- C. motor-vehicle collision with rollover.
- D. ejection of a passenger from motor vehicle.

_____ 12. Flat neck veins in a patient who is lying flat indicate:

- A. head injury.
- B. neck injury.
- C. chest injury.
- D. blood loss.

_____ 13. Crepitation refers to the:

- A. altering of mental status.
- B. sound or feel of broken bones rubbing.

- C. loss of vision.
- D. presence of uncontrolled shivering.

_____ 14. Paradoxical motion is most commonly associated with:

- A. chest injury. C. extremity injury.
- B. abdominal injury. D. head injury.

_____ 15. In a rapid assessment of the body, the areas that an EMT would examine last is(are) the:

- A. head. C. pelvis.
- B. abdomen. D. extremities.

_____ 16. In trauma situations the “S” in SAMPLE history can stand for all of the following EXCEPT:

- A. story. C. spinal status.
- B. symptoms. D. signs.

_____ 17. Begin the assessment of infant and child trauma patients at the:

- A. head. C. toes.
- B. fingertips. D. abdomen.

_____ 18. The assessment procedure usually performed on seriously injured or ill patients en route to the hospital is the:

- A. primary assessment. C. SAMPLE history.
- B. detailed physical exam. D. rapid trauma assessment.

_____ 19. Areas that an EMT will assess in the detailed physical examination that were not assessed during the rapid trauma assessment include the:

- A. head and neck. C. pelvis and posterior body.

- B.** chest and abdomen. **D.** ears, eyes, nose, and mouth.
- _____ 20. The best way to calm a frightened trauma patient is through:
- A.** administration of sedation. **C.** avoidance of eye contact.
- B.** constant monitoring. **D.** explanation of procedures.
- _____ 21. The only thing that should prevent an EMT from performing the reassessment of a patient is:
- A.** police orders. **C.** delayed transport.
- B.** life-saving interventions. **D.** initial vital signs that are normal.
- _____ 22. When assessing the circulation of a young child or infant, the EMT should remember to check:
- A.** capillary refill. **C.** chest movement.
- B.** nuchal rigidity. **D.** Babinski's reflex.
- _____ 23. Reassessment is a means of determining:
- A.** mechanism of injury. **C.** consent.
- B.** trending. **D.** liability.
- _____ 24. During the reassessment, attempt to look at a patient as if you had never seen him before when checking:
- A.** blood pressure. **C.** pupils.
- B.** pulse. **D.** interventions.
- _____ 25. The EMT's findings during the reassessment are particularly important for the:
- A.** dispatcher. **C.** hospital staff.
- B.** insurance report. **D.** QI review.

_____ 26. Just how often to conduct the reassessment is determined by the:

- A. location of the injury.
- B. initial assessment.
- C. patient's condition.
- D. number of interventions performed.

_____ 27. The recommended interval for conducting the reassessment for stable patients is:

- A. every 5 minutes.
- B. once during transport.
- C. determined by medical direction.
- D. every 15 minutes.

REINFORCEMENT

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

Another busy day at the ambulance service is in full swing. You and your crew have just returned to the station when the tone sounds again. You are dispatched to a home where a 65-year-old female patient was found to be unresponsive.

The site of the call is a quiet suburban street. A man greets you at the curb. He tells you that he had been working in the garden and just came in for lunch. He called his wife and, when he got no answer, looked for her and found her lying on the sofa. He states that his wife has been “feeling poorly” for the past week.

The patient is still lying on the sofa in the den when you enter the house. She does not respond to your voice but pulls away from mild painful stimulation. You note snoring and gurgling respirations. The patient's husband informs you that his wife has a history of allergies and shortness of breath. You notice that the patient is breathing at a rate of 40 breaths per minute, with shallow respirations.

While you are assessing the airway, your partner is assessing the patient's blood pressure. He informs you that the blood pressure is within normal limits. The patient's heart rate is 104 beats per minute.

1. Is this patient breathing adequately?
2. What initial interventions will you perform?
3. How will you manage this patient?
4. How would you check interventions during the reassessment?

CHAPTER 14 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. _____ means “injury,” and injuries can range from slight to severe, from a cut finger to a massive wound.
2. The first step of the focused history and physical exam is to reconsider the _____
_____.
3. The _____ is what the patient tells you is the problem.
4. When you assess areas of the patient's body, you will evaluate them in two main ways:
_____ and _____.
5. When examining a patient, you are looking for _____,
and _____.
6. The medical term for bruising is _____.
7. Cut, open wounds that sometimes cause significant blood loss are known as
_____.
8. Make sure the cervical collar is the right _____ for the patient.
9. To be able to accurately assess a medical patient, it is easiest if the patient is
_____.
10. Try to ask _____ - _____ questions
when gathering a history of the present illness.
11. The “Q” in OPQRST stands for _____.
12. When gathering a history directly from a child, it is often best if the EMT starts by get-
ting on the _____ with the patient.

13. The EMT's physical examination of the responsive medical patient is usually _____.
14. The most common medical identification device is the _____.
15. Information about a patient's drug or alcohol use should be considered _____ by the EMT.
16. Often found on the refrigerator door, the _____ is commonly used to convey important medical information to EMS personnel at times when the patient cannot.
17. With any unresponsive medical patient, the EMT must also be alert for signs of possible _____.
18. After assisting a patient with her prescribed medications, the EMT should still expect to _____ the patient.
19. It is important to observe and reobserve your patient, not only to determine his condition when you first see him, but to note _____.
20. During the _____, you will repeat key elements of assessment procedures you have already performed.
21. When reassessing oxygen delivery to a patient, you should check the _____ the _____, the tubing, and the mask.
22. During the reassessment, _____ must be watched for continually and managed immediately when discovered.

SECONDARY ASSESSMENT LISTING

Complete the following lists.

1. List nine significant mechanisms or injuries for adults.

2. List three additional significant mechanisms of injury for a child.

3. List the eight things to look for when assessing for wounds, tenderness, and deformities to areas of a patient's body.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

FOCUSING ON THE HISTORY

Following are parts of one patient's SAMPLE history. Write the element of the OPQRST and SAMPLE mnemonics that each part of the history represents in the space provided. When you are done, read the history out loud, like a radio report, in the order suggested by the mnemonics. Does the report make sense presented this way?

OPQRST

- A.** Onset
- B.** Provokes
- C.** Quality
- D.** Radiation
- E.** Severity
- F.** Time

SAMPLE

- G.** Signs/symptoms
- H.** Allergies
- I.** Medications
- J.** Pertinent past history
- K.** Last oral intake
- L.** Events leading up to the illness

- _____ 1. The pain is a 6 on a scale of 0 to 10.
- _____ 2. I was working on my car in the garage.
- _____ 3. I'm sick to my stomach, too.
- _____ 4. I'm not allergic to anything.
- _____ 5. I have high blood pressure.
- _____ 6. I ate lunch at noon.
- _____ 7. The pain started about an hour ago.
- _____ 8. I take one baby aspirin a day.
- _____ 9. The pain is sharp.

_____ **10.** I think I might have lifted something too heavy.

_____ **11.** I've felt fine today until this.

_____ **12.** The pain goes into my left armpit.

Chapter 14 Answer Key

HANDOUT 14-1: Chapter 14 Quiz

1. C
2. C
3. B
4. C
5. A
6. B
7. C
8. D
9. A
10. B
11. B
12. D
13. B
14. A
15. D
16. C
17. C
18. B
19. D
20. D
21. B

- 22. A
- 23. B
- 24. D
- 25. C
- 26. C
- 27. D

HANDOUT 14-2: In the Field

1. No. She has gurgling, snoring respirations; has a rate much higher than normal; and is breathing shallowly.
2. Complete the initial assessment, ensure that the airway is open and clear, and administer high-concentration oxygen.
3. After taking the steps described above, you would complete the other components of patient assessment. If the patient is unable to manage her respirations at any point during the assessment, you would provide positive pressure ventilations. An airway adjunct such as a nasopharyngeal airway should be inserted. Frequent checks should be made of vital signs during the reassessment.
4. You would be especially sure to check adequacy of oxygen delivery and ventilations. Check the entire path of oxygen from tank to patient. Check regulator and flowmeter. Look for kinks in tubing. Check that tubing is connected to the mask and that the mask has a good fit.

HANDOUT 14-3: Chapter 14 Review

1. Trauma

- 2.mechanism of injury
- 3.chief complaint
- 4.inspecting; palpating
- 5.wounds, tenderness, deformities
- 6.contusion
- 7.lacerations
8. size
- 9.responsive
- 10.open-ended
- 11.quality
- 12.same level
- 13.brief/focused
- 14.Medic Alert tag
- 15.confidential
- 16.Vial of Life
- 17.trauma
- 18.transport
- 19.any changes
- 20.reassessment
- 21.regulator; flowmeter
- 22.life threats

HANDOUT 14-4: Secondary Assessment Listing

1. Ejection from vehicle; Death in same passenger compartment; Falls of more than 15 feet or three times patient's height; Rollover of vehicle; High-speed vehicle collision; Vehicle–pedestrian collision; Motorcycle crash; Unresponsive or altered mental status; Penetrations of the head, chest, or abdomen
2. Falls from more than 10 feet; Bicycle collision; Vehicle in medium-speed collision
3. Deformities, Contusions, Abrasions, Punctures/penetrations, Burns, Tenderness, Lacerations, Swelling

HANDOUT 14-5: Focusing on the History

1. E
2. A
3. G
4. H
5. J
6. K
7. F
8. I
9. C
10. B
11. L
12. D

CHAPTER 15

Communication and Documentation

HANDOUT 15-1: Evaluating Content Mastery Student's Name

EVALUATION

CHAPTER 15 QUIZ

Write the letter of the best answer in the space provided.

- _____ 1. The part of the patient's history that an EMT must report in the patient's own words is the:
- A. chief complaint (CC). C. estimated time of arrival (ETA).
B. past medical history (PMH). D. history of present illness (HPI).
- _____ 2. All of the following patient data should be included in a radio medical report EXCEPT:
- A. name and address. C. mental status.
B. age and sex. D. chief complaint.
- _____ 3. The federal agency that assigns and licenses radio frequencies used by EMS units is the:
- A. FDA. C. FCC.
B. HUD. D. DOT.
- _____ 4. The principles of radio communication encourage transmissions that make use of:
- A. codes or slang. C. plain English.

- B.** courtesies such as “thank you.” **D.** phrases such as “be advised.”
- _____ 5. Discussions between an EMT and a patient are known as:
- A.** the verbal report. **C.** the medical history.
- B.** interpersonal communication. **D.** documentation.
- _____ 6. The type of body language patients generally find the most assuring is:
- A.** direct eye contact. **C.** lowered eyes.
- B.** a closed stance. **D.** crossed arms.
- _____ 7. To help calm a patient, an EMT should:
- A.** speak in medical terms. **C.** use a patient’s first name.
- B.** explain all procedures. **D.** downplay expected pain.
- _____ 8. The two-way radio at a hospital or dispatch center is known as a:
- A.** mobile radio. **C.** digital radio.
- B.** repeater. **D.** base station.
- _____ 9. In cases of critically ill patients, an EMT should speak:
- A.** in a clear, steady tone. **C.** in great medical detail.
- B.** in a rapid, urgent tone. **D.** in subjective statements.
- _____ 10. If an online physician orders medication, an EMT should:
- A.** administer it immediately.
- B.** repeat back the order word for word.
- C.** accept the order without question.
- D.** respond “order received.”
- _____ 11. A prehospital care report can become all of the following EXCEPT:
- A.** evidence in a legal case.

B. part of the hospital's permanent records.

C. data in a research project.

D. private property controlled by the patient.

_____ **12.** A system in which calls are routinely reviewed for conformity to current medical and organizational standards is called:

A. quality insurance. **C.** quality evaluation.

B. quality improvement. **D.** quality improvisation.

_____ **13.** The federal agency that has developed a list of minimum elements to be included in all prehospital care reports is the:

A. DOT. **C.** FCC.

B. FDA. **D.** EPA.

_____ **14.** An EMT would record the time in which an emergency unit left on a call in the:

A. patient data section. **C.** check boxes section.

B. narrative section. **D.** run data section.

_____ **15.** All of the following are included in the patient data section of a prehospital care report EXCEPT:

A. charges to the patient. **C.** mechanism of injury.

B. patient's name and address. **D.** SAMPLE history.

_____ **16.** In writing narratives, EMTs usually place quotation marks around:

A. objective observations. **C.** baseline vital signs.

B. opposing observations. **D.** chief complaints.

_____ **17.** All the following can be found in a well-written narrative EXCEPT:

- A.** pertinent negatives. **C.** specialized medical terminology.
- B.** radio codes. **D.** standardized abbreviations.

_____ **18.** Actions performed on a patient that are wrong and improper are known as:

- A.** errors of commission. **C.** errors of omission.
- B.** pertinent negatives. **D.** breaches of confidentiality.

_____ **19.** If a competent patient refuses care or transport, an EMT should:

- A.** immediately leave the scene. **C.** document the refusal.
- B.** argue with the patient. **D.** request the police.

_____ **20.** Incorrect information in a prehospital care report should be:

- A.** erased. **C.** corrected in different-colored ink.
- B.** crossed out completely. **D.** left unchanged.

HANDOUT 15-2: Reinforcing Content Mastery Student's Name

REINFORCEMENT

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

A call comes in to your EMS unit from the emergency medical dispatcher. The dispatcher sends you and your EMT partner to 454 San Gabriel Street, where a 49-year-old male is complaining of a sharp, stabbing pain in his chest.

Upon arrival at the house, you and your partner do a quick scene survey. The man's daughter introduces herself and leads you into the garage. Here you see her father sitting on the floor with his fist clutched to his chest.

Obeying universal precautions, you and your partner put on a pair of gloves. After introducing yourself, you crouch down to eye level with the man and ask him his name and age.

"I am Roberto Gonzales," he replies. "I'm 49 but feel like 100. Am I having a heart attack?"

You tell Mr. Gonzales that you cannot make a diagnosis but will relay a description of his condition to medical personnel at the hospital. You listen carefully as Mr. Gonzales describes his chief complaint, writing down notes as he speaks.

You now begin the primary assessment. You observe that Mr. Gonzales is awake and alert and that his airway is open. However, he appears to be splinting his chest wall. His breathing is rapid and shallow. Your partner immediately administers oxygen while you continue the assessment.

As you start to collect vital signs, your partner obtains a history of the present illness as well as a SAMPLE history. She tells Mr. Gonzales the purpose of her questions. She also says, "While we talk, my partner will be checking your vital signs—things like your pulse rate."

You record these vital signs: blood pressure at 160/100; regular and bounding pulse; a pulse rate

of 120 beats per minute; breathing at 28 breaths per minute.

With Mr. Gonzales reporting no prior history of heart problems, you and your partner elect to package him for immediate transport. You request a Paramedic intercept en route to the hospital.

The Paramedic for the intercept contacts you by mobile radio and asks for an initial report.

1. What aspects of good interpersonal communication are demonstrated in this scenario?
2. What information would you include in a 30-second report to the Paramedic intercept?

Read the following real-life situation. Then answer the questions that follow.

The emergency medical dispatcher sends you to the scene of a motor-vehicle collision 1.2 miles north of the Quik Stop on Eldridge Street. The accident involves a single car that has struck a telephone pole.

When you arrive at the scene, you do a quick scene survey. The vehicle has only minor damage, and no lines are down. First responders from the fire department have secured the scene and have initiated CPR on a male patient. You notice no obvious signs of trauma on the patient, except a one-inch laceration near the left eye.

One of the responders reports: “The patient’s license indicates that he is in his mid-60s. When we arrived, he was already in cardiac arrest. We extricated him from the vehicle and began CPR, providing cervical spine control manually and with a C-collar.”

You write down the responder’s comments in quotes and tell them to continue with CPR. Meanwhile, you insert an oral airway and apply the automated external defibrillator (AED). Readings on the AED advise you to stand clear as it begins to charge to deliver a shock. One shock is delivered to the patient by the AED.

Your EMT partner restarts CPR and continues it for 2 minutes. Readings on the AED indicate that the patient has a shockable rhythm. Your partner stands back, and the AED shocks three more times.

The patient now has a thin pulse, but he is not breathing. You place him on a long spine board and begin transport to the hospital. En route, the patient becomes pulseless. You use the AED again, regaining the pulse on the ninth shock.

You recheck the patient's pulse and find it to be strong—62 beats per minute. Other vital signs show a blood pressure of 112/52 and six spontaneous breaths per minute.

You continue checking vital signs. Upon arrival at the hospital, the patient has a pulse rate of 68, blood pressure of 124/72, and respirations of 16. He has spontaneous eye opening but no verbal response.

Because of the patient's condition, you have been unable to obtain a medical history. You also have no knowledge of prescribed medications or allergies. You did, however, discover some pertinent personal information from the patient's license. Data included: patient name—James Smith; date of birth—January 1, 1935; address—12 Webb Lane, Cairo, NY.

You have also recorded these times for your unit, ID# 123.

Call received: 1200 hours

Dispatched: 1200 hours

Responding: 1201 hours

On scene: 1206 hours

En route to hospital: 1218 hours

Arrived at hospital: 1225 hours

Clear: 1300 hours

3. Using the information in this scenario, fill out as many parts of the following partial prehospital care report as possible. You might substitute a complete prehospital care report used by an EMS agency in your area.

CHAPTER 15 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. The three types of communications used by EMTs on a typical call are _____
_____, the _____ given at the hospital, and _____
_____.
2. The three key links in EMS radio communications are the dispatchers, _____
_____, and the hospitals.
3. A handheld _____ allows EMTs to be in touch with the members of
the EMS while they are away from the ambulance.
4. In the event of power failure or malfunction, EMS systems should have _____
_____ available.
5. The _____ is the agency of the federal government
that assigns and licenses radio communications.
6. After receiving an order from medical direction to administer medication, the EMT
should _____ word for word.
7. Communication between the patient and an EMT is known as _____
_____.
8. The one item that should never be found in the 12 parts of a radio medical report is the
patient's _____.
9. An EMT's _____ (the way in which she positions herself in relation
to the patient) can help reduce patient anxiety.
10. When assessing a child, or any other patient, it is important to always tell him the

_____ about what you are doing.

11. A PCR is a(n) _____ that can sometimes find its way into either criminal or civil court cases.
12. To ensure that runs meet current medical and organizational standards, most EMS agencies have a(n) _____ improvement system in place.
13. Treatment administered before the arrival of EMTs is usually recorded in the _____ section of a PCR.
14. _____ statements can be measured or verified; _____ statements reflect an individual's point of view.
15. When bystander observations and the chief complaint are recorded, they should be placed in _____.
16. Documenting _____ lets other medical professionals know that an EMT examined certain areas and discovered the findings to be negative.
17. An important concept in EMS documentation is, "If it's not written down, you _____."
18. If a patient declines treatment or transport, she should be asked to sign a(n) _____ form.
19. The failure to document errors of omission and commission are examples of _____.
20. In a multiple-casualty incident (MCI), patient information is often passed through the system in the form of _____.

COMMUNICATION TRUE OR FALSE

Indicate whether the following statements are true or false by writing T or F in the space provided.

- _____ 1. A base station is affixed to an EMS vehicle.
- _____ 2. Wireless communications include radios and cellular telephones.
- _____ 3. The Department of Transportation (DOT) licenses radio frequencies used by EMS agencies.
- _____ 4. The “three Rs” of EMS communication are “radio,” “report,” and “record.”
- _____ 5. The opening statement of every radio report transmits the unit identification.
- _____ 6. Requests for further orders usually come at the end of the radio report.
- _____ 7. An EMT should never question the medications prescribed by an online physician.
- _____ 8. Patients from some cultures may consider it impolite to make direct eye contact.
- _____ 9. The body language of crossed arms communicates a willingness to listen to patient questions.
- _____ 10. Use of a patient's first name will usually put her at ease.

LISTING DOCUMENTATION BASICS

1. List five functions of the prehospital care report (PCR).

2. List the four sections in a typical prehospital care report.

3. List at least five dos and don'ts to keep in mind when writing the narrative portion of a PCR.

4. List three legal issues that pertain to PCRs and other documents that an EMT may complete.

5. List three things that must be done to correct an error in a PCR.

COMMUNICATIONS CHRONOLOGY

Place the following parts of a radio report in correct order of delivery. Write 1 by the first event to be given in the report, 2 by the second event, and so on.

- _____ **A.** "The patient has a laceration to the scalp."
- _____ **B.** "Our ETA is at your location in 5 minutes."
- _____ **C.** "Our trauma patient is a 28-year-old male."
- _____ **D.** "Respirations are 14, pulse is 100, and BP is 180/90."
- _____ **E.** "Medical center, this is Rescue One."
- _____ **F.** "We have administered oxygen and applied a dressing."
- _____ **G.** "The patient responds to verbal stimuli."
- _____ **H.** "He denies any past medical history."
- _____ **I.** "The patient is complaining of a headache."
- _____ **J.** "The patient is more responsive after oxygen."
- _____ **K.** "The accident was a car versus a pole; it appears to have been at a relative-ly high speed."
- _____ **L.** "Do you have any questions?"

Chapter 15 Answer Key

HANDOUT 15-1: Chapter 15 Quiz

1. A
2. A
3. C
4. C
5. B
6. A
7. B
8. D
9. A
10. B
11. D
12. B
13. A
14. D
15. A
16. D
17. B
18. A
19. C
20. C

HANDOUT 15-2: In the Field

- 1.**The EMT introduces himself and crouches at the patient's level to make eye contact. The EMTs do not guess at a diagnosis, but they do make every effort to provide as much information about procedures as possible.
- 2.**Student reports should follow the steps in Table 17-2. Sample report: **(1)** This is community ambulance to Medic One. **(2)** We are en route to your location with an ETA of 15 minutes. **(3)** We have a 49-year-old male **(4)** who is complaining of a sharp, stabbing chest pain. **(5)** He was working in the garage when the pain started. **(6)** He denies any medical history. **(7)** At present the patient is conscious and alert, **(8)** with shallow respirations at 28, a radial pulse at 120, and blood pressure at 160/100. **(9)** His pupils are dilated but reactive. **(10)** We have administered oxygen **(11)**, and his chest discomfort has eased. **(12)** Do you have any questions?
- 3.** Work with students as they fill out the prehospital care form. You might invite several EMTs to work with students, thus sharing their knowledge of documentation.

HANDOUT 15-3: Chapter 15 Review

- 1.**radio communication; verbal report; interpersonal communication
- 2.**mobile units
- 3.**portable radio
- 4.**backup radios
- 5.**Federal Communications Commission
- 6.**repeat the order
- 7.**interpersonal communication
- 8.** name

9.body language

10. truth

11.legal document

12.quality

13.patient data

14.Objective; subjective

15.quotes

16.pertinent negatives

17.didn't do it

18.refusal-of-care

19.falsification

20.triage tags

HANDOUT 15-4: Communications True or False

1. F

2. T

3. F

4. T

5. T

6. T

7. F

8. T

9. F

10. F

HANDOUT 15-5: Listing Documentation Basics

1. Becomes part of the patient's permanent hospital record; Can serve as a legal document in a civil or criminal case; Can be used for administrative purposes; Supplies data for education research; Supplies data for quality assurance/improvement
2. Run data; Patient data; Check boxes; Narrative
3. Sample do's and don'ts include the following: DO put quotes around bystander comments or the chief complaint. DO include pertinent negatives. DON'T use radio codes and nonstandardized abbreviations. DO use medical terminology correctly. DO remember this rule: "If it's not written down, you didn't do it."
4. Confidentiality; Patient refusals; Falsification (omission and commission)
5. Sample response: Cross out the error with a single line, initial it, date it. (Some students might list "make the change" and "initial and date it.")

HANDOUT 15-6: Communications Chronology

- | | |
|-----------|----|
| A. | 9 |
| B. | 2 |
| C. | 3 |
| D. | 8 |
| E. | 1 |
| F. | 10 |
| G. | 7 |
| H. | 6 |
| I. | 4 |

J. 11

K. 5

L. 12