

PATIENT ASSESSMENT
Medical

Time Started: _____
Time Completed: _____

APPLICANT'S NAME _____
(Please Print) (Last) (First) (MI)

Scenario: You are dispatched to the home of a 150 pound patient who, according to the 911 dispatcher, complains of chest pain and difficulty breathing.

Examiner Response/Actions	Patient Care (*Required Tasks)	Yes	No
Scene is safe. No other victims.	1. Demonstrates correct procedures to:		
Alert, oriented.	1.1 Ensure scene safety/ Universal precautions*		
Airway is open, breathing is rapid and shallow	1.2. Determines level of consciousness*		
Radial and/or carotid pulse is present	1.3 Assess for airway, breathing*		
"Pain came on suddenly." "I was doing heavy lifting." "It is very sharp, stabbing." "It moves to my jaw and down my arm." "It is very, very painful." "It started about 45 minutes before I called you."	1.4 Directs crew members to Administer or assist with high flow oxygen*		
	1.5 Assess radial and/or carotid pulse		
	1.6 Obtain a history of present illness*		
	1.6a Onset		
	1.6b Provocation		
	1.6c Quality		
	1.6d Radiation		
	1.6e Severity		
	1.6f Time		
	1.7 Obtains a sample history*		
Pain and nausea, difficulty breathing No known allergies None None About 4 hours ago Resting about 2 hours after lifting heavy objects	1.7a Signs and Symptoms		
	1.7b Allergies		
	1.7c Medicines		
	1.7d Pertinent past history		
	1.7e Last oral intake		
	1.7f Events leading to illness		
	1.8 Conducts a focused head to toe examination by assessing:*		
Normal finding Tracheal midline, no neck vein distention, pain or swelling No discoloration, swelling, normal chest rise, lungs are clear	1.8a Head		
	1.8b Neck		
	1.8c Chest by:		
	1.8c.1 Inspection		
	1.8c.2 Palpation		
	1.8c.3 Auscultation		
	1.8d Abdomen		
	1.8e Pelvis		
	1.8f Extremities		
	1.8g Posterior		
Normal, no distention No pain Pain in left arm, all others normal No pain noted	1.9 Vital signs* (Attempts) #		
Instructor Recording (Attempts)			
BP _____ P _____ RR _____	BP _____ P _____ RR _____		
BP _____ P _____ RR _____	BP _____ P _____ RR _____		

Examiner Response/Actions	Patient Care (*Required Tasks)	Yes	No
Pale Cool Normal condition Capillary refill normal Pupils equal, reacting to light	1.10 Assesses skin: 1.10a Color 1.10b Temperature 1.10c Condition 1.11 Capillary refill 1.12 Assess pupils 1.13 Indicates intervention and contact with Medical Control. 1.14 Indicates transport of patient to hospital. 1.15 Continues an ongoing assessment. 1.16 The candidate stepped over patient during this examination. 1.17 Completed the assessment within the <u>10</u> minute time limit.		

Comments and/or reasons for failure: _____

Examiner's signature in full: _____

Date of Exam: _____ Location: _____

Overall Score

Pass: _____ Fail: _____

I concur that the reasons for pass/failure as described above are consistent with the standards required per the Department approved EMT-B Psychomotor Skills Objective Sheets.

 R.I. EMS Training Coordinator/Designee

R.I. Department of Health, Division of Emergency Medical Services