

Patient Assessment...

The Young and the Restless

(Originally called "what's your problem again?")



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Greetings from Baltimore



So who and what are we going to talk about?

- # We're going to talk about two special populations...
 - # The young and the restless
- # We're going to talk about...
 - # What makes up a good assessment
 - # What old EMS geezers like me can tell you that I learned about the hard way
 - # Tips to make you a better provider



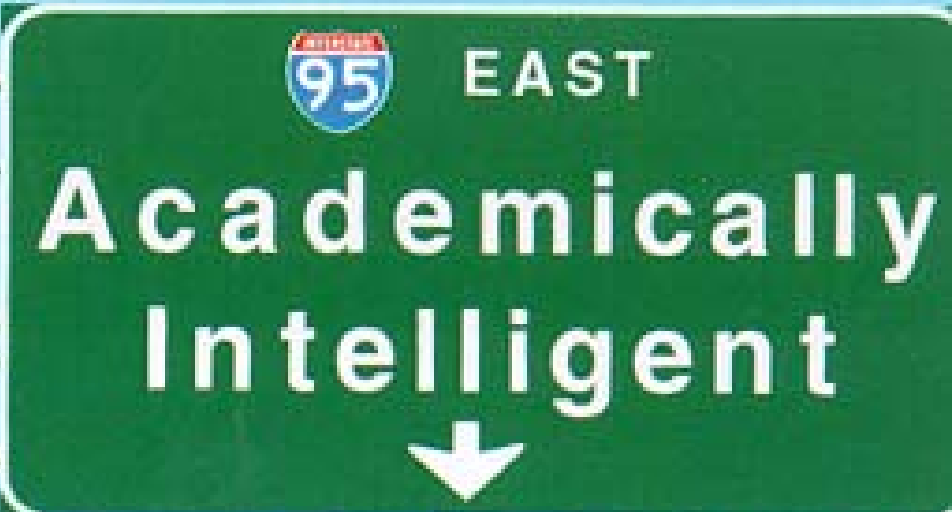
WEST

78

Street Smart

↓

A green highway sign with a globe icon and a blue shield containing the number 78. The word "WEST" is written in white. Below the shield, the phrase "Street Smart" is written in large white letters, followed by a white downward-pointing arrow.



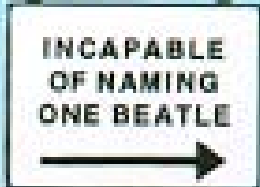
EAST

95

Academically Intelligent

↓

A green highway sign with a blue shield containing the number 95. The word "EAST" is written in white. Below the shield, the phrase "Academically Intelligent" is written in large white letters, followed by a white downward-pointing arrow.



INCAPABLE
OF NAMING
ONE BEATLE

→

A small white rectangular sign with a black border. It contains the text "INCAPABLE OF NAMING ONE BEATLE" in black, all-caps font. Below the text is a black arrow pointing to the right.



Things aren't always what they seem!



Everyone assesses differently



The White House, Homeland Security and FEMA on the scene.



Interviewing and the Health History

Objectives of the Successful Interview

- # Establish a relationship with the patient
- # Obtain accurate information about the patient's physical and emotional status
- # Assist patient with an understanding of current state of health

Dynamics of the Interview

- # Fear and anxiety
- # Paramedic must respect patient's perception of reality
- # Perceptions and responses may be influenced by age, sex, personality, or psychosocial circumstances

Paramedic-Patient Relationships

- # Privacy
- # Identification
- # Listening
- # Non-verbal cues
- # Way things are expressed
- # What's not said
- # Express interest and concern

Paramedic-Patient Relationships

- # Never express surprise or judgment
- # Don't believe everything you hear
- # Avoid "why" questions
- # Don't judge others care
- # Use quantitative terms
- # Examine simultaneously
- # ...and lastly...

All patients are drug abusers
until proven otherwise!!



Approaching the Patient

- # Introduction
- # Use open-ended, non-leading questions
- # Use graded responses
- # Multiple choice questions
- # Ask only one question at a time
- # Use appropriate language
- # Let the person answer!!

Steps of Initial Assessment

- # Form a general impression
- # Stabilize c-spine as needed
- # Assess baseline level of responsiveness
- # Assess airway, breathing & circulation
- # Assess priority

Special Interviews

- # Children
- # Parents
- # Elderly
- # Unable to speak
- # Unable to hear
- # Non-native speaker
- # Silence
- # Overtalkative
- # Multiple symptoms
- # Anger and hostility
- # Crying
- # Depression
- # Dying patient

The Health History

- # Chief complaint (CC)
- # Present Illness (HPI)
- # Past history (PMH)

Children are great (and honest)
historians!!



Chief Complaint

- # Qualities of the complaint
- # Do not translate patient's complaint
- # View in context of the source
- # Look for sources
 - ▣ patient, family, bystanders, environment, law enforcement

Look for the unexpected...



Present Illness

- # Onset

- # Current status

 - ▣ PQRST

- # Course since onset

 - ▣ incidence, progress, effect of treatment

Just look and follow the signs!



Past Medical History

- # SAMPLE
- # Review of systems
- # Surgical history
- # Family history
- # Social history
- # Psychological history

**Don't let the
situation
confuse you...**



Form A General Impression



What does your **GUT** tell
you?

Assess the Baseline Level of Consciousness



Remember to check the airway



Signs of Inadequate Breathing

- # Altered mental status
- # Shortness of breath
- # Retractions
- # Asymmetric chest wall movement
- # Accessory muscle use
- # Cyanosis
- # Audible sounds
- # Abnormal rate or pattern
- # Nasal flaring

Signs of Inadequate Circulation

- # Altered mentation
- # Tachycardia
- # Skin color changes
- # Skin texture changes
- # Decreased SpO₂
- # Shock

Top Priority Patients

- # Poor general impression
- # Unresponsive
- # Responsive but cannot follow commands
- # Difficulty breathing
- # S& Sx of hypoperfusion
- # Complicated childbirth
- # Chest pain with B/P < 100 systolic
- # Uncontrolled bleeding
- # Severe pain
- # Multiple injuries

The Young...



College Students

What makes college students so hard to assess?

- # Never been “sick” before
- # They have things wrong that you haven’t seen before
- # Embarrassment, shame
 - # Trying to protect themselves or hide something
- # Chemically impaired

Never been "sick" before

- # Allergic reactions
- # Cardiac
- # Hypertension
- # Mental illness
- # OB/GYN
- # 1st intoxication
- # Diabetes mellitus

Things you haven't seen

- # Congenital cardiac disorders
- # Ovarian cysts or complex GYN disorders
- # Sexual assault
- # "Foreign" diseases

Embarrassment, shame, or hiding

- # Sexually transmitted diseases
- # Rape
- # Psychiatric history
- # Suicide attempt
- # Eating disorders

Chemically impaired

- # Alcohol
- # Illicit drugs
- # Abuse of prescription medications
- # Poly-drug abuse



Addiction means destruction in every aspect of an individual's life

Physical

Emotional

Social

Spiritual

Economical

Familial

Drug Misuse



Use of prescribed drugs in greater amounts than, or for purposes other than, those prescribed by a physician or dentist

Drug Abuse



Use of a substance in a manner, amount, or situation such that the drug use causes problems or greatly increases the chance of problems occurring

Addiction



Characterized by frequent use of the drug (daily), and having behavior that focuses on using and obtaining the drug....may include withdrawal symptoms with cessation

Withdrawal or Abstinence Syndrome



The set of symptoms that occur reliably when someone stops taking a drug

So how do you assess the college student differently?



Audience Participation Time

Look for early warning signs



...and the Restless



The Psychiatric
Patient


Providers will often respond to the patient's emotional crisis with "uncertainty"



Behavioral emergencies require a different approach than medical or trauma related calls



Behavioral Emergency



Change in mood or behavior that cannot be tolerated by the involved person or others; and requires immediate attention.

Assessment

- # High incidence of EMT injury
- # Cannot render care if you become a victim
- # Unless you are adequately trained, or have appropriate backup...AVOID....
 - # Patients with weapons
 - # Hostage situations
 - # Potentially dangerous suicide attempts

Assessment

- # All patients who are suicidal are also homicidal until proven otherwise



Systematic Approach To Gathering Information

- # Personal items
- # Precipitating situation or problem
- # Current life situations
- # Recent history
- # Past history
- # Mental status
- # Affect
- # Physical signs
- # Current behavior
- # THEN create your differential diagnosis

Techniques for Obtaining Information

- # Checklists are not practical
- # Direct and indirect questioning
- # Allow patient to take the lead unless:
 - # essential information must be obtained
 - # patient is depressed or minimally engaged
 - # patient is suicidal
- # If reluctant, do not press for information
- # Do not be judgmental!

Interviewing Techniques

- # Limited interview in the field
- # Situation will dictate the scope of interview
- # Emotional condition will affect responses
- # Use open-ended questions
- # Do not rush unless there is danger to patient or team members

Interview Guidelines - Do's

- # Remove patient from crisis situation
- # Communicate confidence, honesty, and firmness
- # Encourage patient to relax
- # Encourage free speech
- # Wear beige and listen!!

Interview Guidelines - Do's

- # Realize distortions of reality are real
- # Allow patient to be emotional e.g. cry
- # Encourage patient with your body language
- # Build structure to prevent chaos

Interview Guidelines - Don'ts

- # Argue with the patient
- # Be afraid of periods of silence
- # Attempt to out-yell a disturbed patient
- # Use yes-no questions
- # Intimidate with your position
- # Touch unless invited

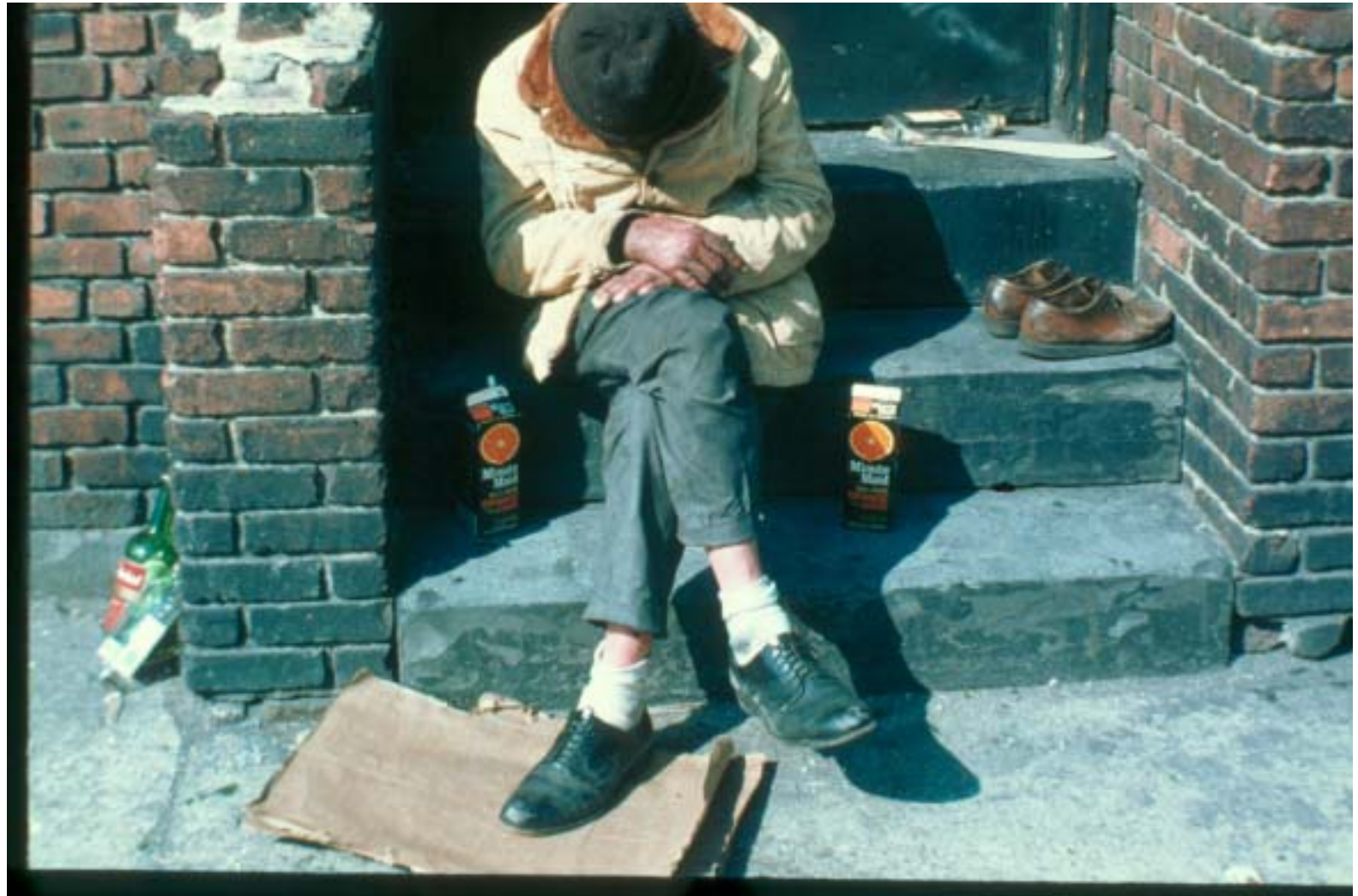
Mental Status Examination (MSE)

- # The “behavioral secondary survey”
 - Appearance and behavior
 - Speech
 - Thought content and flow
 - Mood
 - Affect
 - Perceptions
 - Cognitive capacity

Mood & Personality Disorders

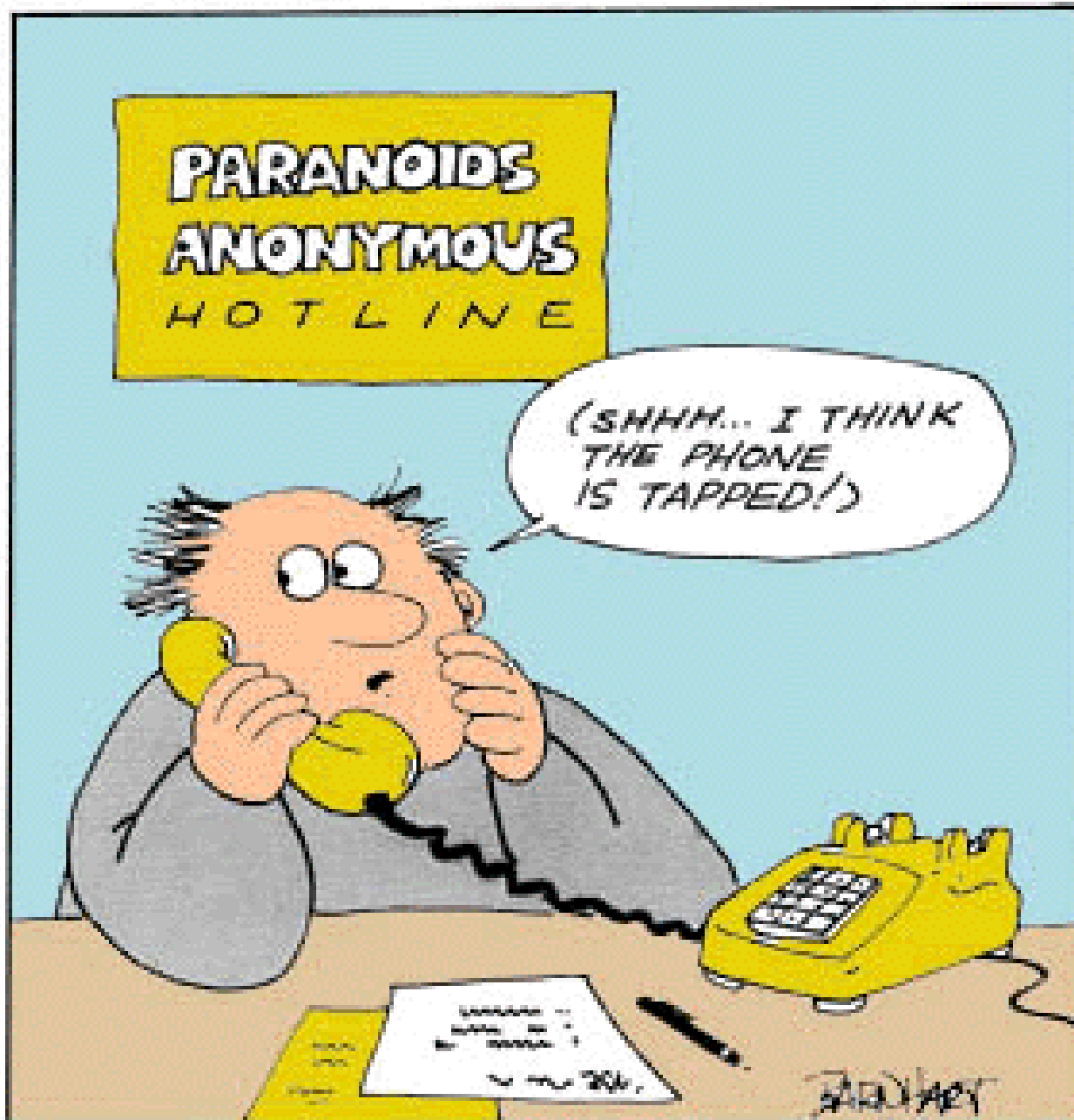


Schizophrenia & Psychosis



**PARANOID
ANONYMOUS
HOTLINE**

(SHHH... I THINK
THE PHONE
IS TAPPED!)



So how do you assess the
psychiatric patient
differently?



Audience Participation Time

Parting thoughts...



Never assume that your patient wants to see you!

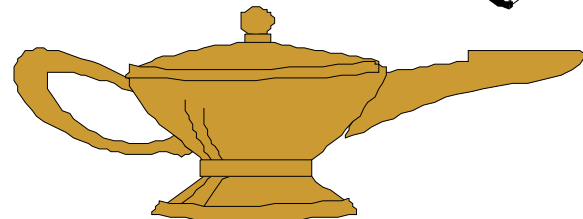


Very few will ever thank you...

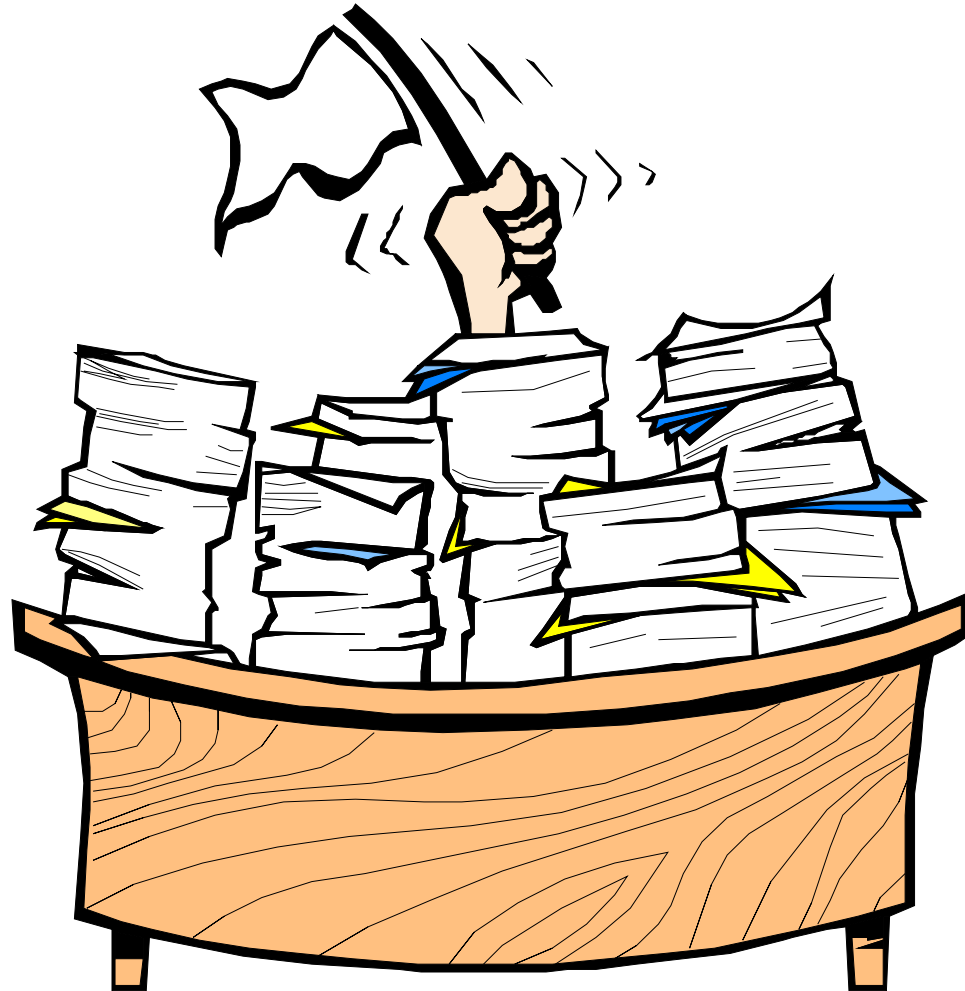


We cannot
predict the
future.

But we can be
ready to meet its
challenges



The End





Always Remember