

Guiding Principles of Patient Assessment



Assure relative safety for yourself, your team, and the patient.

We always talk about scene safety first. This makes it a principle—and acknowledges that it is ultimately “relative.”



Identify and treat all life threats first. Monitor these life threats throughout the call.

This doesn't rely on ABC or CAB. We are elevating it to a principle—and one near the top of the list. It starts now and is the most important thing done throughout the call.



Consider the patient's condition and stability when choreographing the remainder of the call.

Calls that are planned and organized go better than ones that aren't. The first consideration is the patient's condition. Now is also the time to think ahead about patient movement.



Perform an assessment using a differential diagnostic approach, with an appropriate pace and in the best location that will lead to appropriate patient management.

There is a lot here. Differential diagnosis and how and when you do something are often as important as the management you will provide.

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Manage the patient's suspected condition by all means available, including medications, transport decisions, and appropriate devices.

Management doesn't just happen. It is based on a solid assessment and involves multiple modalities—including prompt transportation to the proper facility.



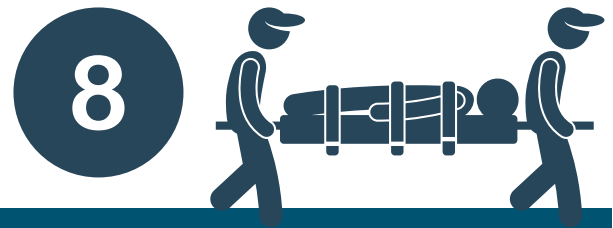
Reassess the patient frequently and accurately.

Now isn't the time to let your guard down. Don't wait until deterioration is noticeable. Reassess. Reassess. Reassess.



Provide comfort and reassurance to the patient and their family.

This may be lower on the list but can be done concurrently with any of the principles. Treat everyone the way you would want to be treated.



Provide appropriate communication, documentation, and handoff to the next team involved in your patient's care.

It is not over until it is over. Be sure the next in line to take care of your patient know everything they need to keep doing it well.