

EMT- EMERGENCY MEDICAL TECHNICIAN (QUICK STUDY ACADEMIC) BY INC. BARCHARTS



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EMT

EMERGENCY MEDICAL TECHNICIAN



Patient assessment, medical & legal, communications, documentation, scene size-up & management, physiology & pathophysiology, perfusion & perfusion disorders, pharmacology, toxicology, hazardous materials & environmental and geriatric

PATIENT ASSESSMENT

- **Personal Protective Equipment (PPE)**
 - Apply appropriate PPE (gloves, goggles, mask, gown, safety vest, etc.)
- **Scene Size-Up**
 - Evaluate scene safety
 - Consider nature of illness or mechanism of injury
 - Determine number of patients involved
 - Request additional resources if needed
 - Determine if survival spine precautions are indicated
- **Primary Survey**
 - Formulate general impression of the patient (age, sex, position and environment found in, level of discomfort or distress)
 - Determine responsiveness or level of consciousness; remember AVPU:
 - Alert and oriented to person, place, time, and event
 - Responsive to Verbal stimuli
 - Responsive to Painful stimuli
 - Unresponsive
 - Determine chief complaint and apparent life threats
- **Airway & Breathing**
 - Open and assess airway
 - Perform jaw thrust or head tilt/chin lift, whichever is needed; perform obstructed airway clearance maneuver if needed
 - Insert airway adjunct if indicated (oropharyngeal airway [OPA] or nasopharyngeal airway [NPA])
 - Assess adequate ventilation
 - Look for chest rise, listen for breath sounds, and feel for chest rise and air movement
 - Initiate oxygen therapy if appropriate
 - For a trauma patient, strap only injury that may interfere with breathing or ventilation
- **Circulation**
 - Check for pulse
 - Assess for and control major bleeding
 - Assess skin color, temperature, and condition
 - Initiate shock management if needed; assure proper position, and ensure body heat
- **Transport Decision**
 - Identify priority patients
 - Use the **Glasgow Coma Scale** (p. 7) to make treatment and transport decisions
- **History**
 - **SAMPLE:** Signs and symptoms, Allergies, Medications, Past medical history, Last oral intake, Events leading to injury or illness
 - **OPQRST:** Onset, Provocation and palliation, Quality, Radiation, region, and recurrence, Severity, Time
- **Secondary Assessment, Intervention & Treatment**
 - **Medical Patient**
 - Assess affected body system:
 - Cardiovascular
 - Pulmonary
 - Neurologic
 - Gastrointestinal
 - Genitourinary
 - Integumentary
 - Musculoskeletal
 - Psychological
 - When to do so, perform head-to-toe assessment
 - **Trauma Patient**
 - Perform head-to-toe assessment (see **IC SP-BTLR**, p. 7)
 - Head (inspect eyes, ears, nose, mouth, facial area, and scalp)
 - Neck (inspect trachea and jugular veins, inspect and palpate cervical spine)
 - Chest (inspect, palpate, and auscultate)
 - Abdomen (inspect and palpate all four quadrants)
 - Pelvis (assess stability, girths, and perform as needed)
 - Lower extremities (inspect, palpate, and evaluate circulatory, sensory, and motor function)
 - Upper extremities (inspect, palpate, and evaluate circulatory, sensory, and motor function)
 - Posterior theory, including thoracic spine, lumbar spine, and buttocks (inspect and palpate)
- **Vital Signs**
 - Blood pressure
 - Pulse (rate, strong or weak, regular or irregular)
 - Respirations (rate, easy or labored, full or shallow)
 - Other vital signs as appropriate (e.g., temperature, blood glucose, pain scale, height, and weight)
- **Ongoing Assessment**
 - Repeat initial assessment, vital signs, and focused assessment (pertaining to injuries or symptoms treated or observed)
 - Provide accurate report to other EMTs en route or the hospital involved in the patient's care

MEDICAL & LEGAL ISSUES

This section discusses broad principles, an overview of state and local laws and local protocols

Consent & Refusal

1. **Consent:** Permission from the patient for care or treatment
2. **Expressed consent:** Consent given by a person who is of legal age and of sufficient mental capacity to be considered competent; must be **informed consent**, meaning the person understands the risks and benefits of treatment and refusal of treatment
3. **Implied consent:** Assumes that an unconscious person or a patient/guardian would consent to treatment if the patient were conscious at the moment questions were available
4. **Refusal of care:** Must meet three criteria (and all must be documented):
 1. Patient is legally able to consent
 2. Patient is competent and oriented
 3. Patient must be fully informed of risks and benefits of both treatment and refusal of treatment
5. **Advance directives:** should be documented (e.g., instructions for the patient to call a doctor or 911 if symptoms worsen)
6. Any requests contained (e.g., Medical Code, family members, law enforcement, or the patient's health care provider) should be documented
7. Written signatures should be included
8. **Advance directives:** A written decision made by a patient before care is required
 1. **Do not resuscitate (DNR) order:** A legal document signed by a patient or his/her designee and the patient's physician that states the patient does not desire resuscitation efforts
 2. **Living will:** A legal document that expresses the patient's decisions about long-term care measures such as nutrition, hydration, and ventilation
 3. **Health care proxy:** A legal document that designates a health care agent or decision maker in the event that the patient is unable to make his/her own decisions

NOTE: Some states allow legal documents that encompass all of the previously mentioned forms, such as a Health Care Power of Attorney or a Medical Orders for Life-Sustaining Treatment (MOLST) form

1. **Negligence:** Failure to act properly; must meet certain criteria
 1. Must be a **duty to act**; that is, the EMT has an obligation to provide care
 2. Must be a **breach of duty**; that is, the standard of care was not met; may include **failure to act** (i.e., failure to provide the accepted standard of care in the community)
 3. **Harm** must be caused to the patient
 4. There must be **proximal cause**; that is, the harm must be related to the breach of duty
2. **Medical direction:** The oversight of patient care in the EMS system by a physician (i.e., the Medical Director)
 1. **On-line medical direction:** consists of orders given directly to the EMT caring for the patient from the physician via radio or telephone
 2. **Off-line medical direction:** consists of standing orders for certain medications or procedures

Other Legal Issues

1. **Abandonment:** Leaving a patient without ensuring patient care has been turned over to a person with equal or greater training
2. **Liability:** To sustain an lawsuit that will harm someone's reputation
 1. **Standard:** That information that will harm someone's reputation
 2. **Amount:** A threat of bodily harm
 3. **Malice:** An intentional act that causes bodily harm
3. **Patient confidentiality:** The obligation to protect information about a patient and to avoid necessary information only to those directly involved in the care of the patient
4. **Good Samaritan laws:** Laws that protect individuals who reasonably attempt to render aid and another; vary in each state

COMMUNICATIONS

Hospital Radio Reports

Information to Give

1. Unit identifier and level of care (advanced life support [ALS] or basic life support [BLS])
2. Estimated time of arrival (ETA)
3. Age and sex of patient
4. Chief complaint
5. Pertinent history of present illness (HPI)
6. Pertinent past medical history
7. Physical exam findings, including current vital signs
8. Care given and response to and care

Information to Receive

1. Ask for orders if needed; repeat them back for purposes of clear understanding
2. Obtain clearance for arrival

Patient Handoff

When transferring care in the field or at the hospital:

1. Notify hospital registration staff by providing appropriate patient demographic information
2. Give a verbal report to the triage nurse
3. Place the patient where you are directed; make sure that the bed is lowered, the side rails are up, and the call bell is within the patient's reach; assist hospital staff as needed; be sure to transfer the patient's personal effects
4. Give a verbal report to the treating medical provider (check with nurse, physician, physician assistant, nurse practitioner, etc.) patient safety advocate note that this is when medical errors commonly occur; having a structured approach will help minimize errors; use **CHART**
5. Obtain release from the hospital staff
6. Complete your written documentation ASAP
7. Clean and restock your vehicle and equipment

CHART

Chief complaint
History (HPI) and past medical history
Assessment
Treatment, including patient reactions to treatment
Transport, including patient changes en route

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Don't go through your EMT training course without this handy reference! Packed with valuable information on scene size-up and patient assessment, this guide is an essential study tool for EMTs in training and an excellent refresher for EMTs already in the field. This guide also features a large section on anatomy, physiology, and pathophysiology of all major body systems, along with common disorders and injury management. Helpful illustrations and tables are included for quick reference.

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