

## Medical Assessment

Candidate Name \_\_\_\_\_

Date: \_\_\_\_\_ Scenario# \_\_\_\_\_

Assessor's Name \_\_\_\_\_

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

**SCENARIO:**

	Completed	Not Completed	Points Earned
<b>SCENE SIZE UP</b>			
Takes, or verbalize, body substance isolation precautions			
Determines the scene is safe			
Determines the mechanism of injury/nature of illness			
Determines the number of patients			
Requests additional help if necessary			
Considers stabilization of spine			
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient			
Determines responsiveness/level of consciousness			
Determines chief complaint/apparent life threats			
Assesses Airway			
Patent or Obstructed; Use of Adjunct if required			
Assesses Breathing			
Assures adequate ventilation			
Initiates appropriate oxygen therapy			
Assesses Circulation			
Assesses/controls major bleeding			
Assesses pulse			
Assesses skin (color, temperature and condition)			
Identifies priority patients/makes transport decisions			
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT</b>			
Signs and symptoms (Assess history of present illness)			
Onset?			
Provokes?			
Quality?			
Radiates?			
Severity?			
Time?			
Interventions?			
Allergies			
Medications			
Past pertinent history			
Last oral intake			
Event leading to present illness (rule out trauma)			
<b>PERFORMS FOCUSED PHYSICAL EXAMINATION</b>			
Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)			
<b>VITALS</b>			
Vitals (obtains baseline vital signs)			
<b>INTERVENTIONS</b>			
1			
2			
3			
4			
5			
6			
7			
<b>ONGOING ASSESSMENT (verbalized)</b>			
Transport (re-evaluates the transport decision)			
Verbalizes the consideration for completing a detailed physical exam			
Repeats initial assessment			
Repeats vital signs			

Repeats focused assessment regarding patient complaint or injuries			
		SUBTOTAL	0/28

**NOTES**

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