

EMT Patient Assessment

SCENE SIZE-UP

Scene safety:

Safe Unsafe

Details:

Mechanism of injury or nature of illness:

Requested additional resources:

Yes No

C-spine stabilization:

Yes No

PRIMARY ASSESSMENT

General impression:

Level of consciousness:

Alert Verbal Pain Unresponsive

Chief complaint:

AIRWAY

Open?

Yes No

Intervention required?

Yes No

Details for required intervention:

BREATHING

Rate: _____ Quality: _____

Intervention required?

Yes No

Details for required intervention:

CIRCULATION

Pulse: _____ Quality: _____

Intervention required?

Yes No

TRANSPORT DECISION

Priority:

High Low

Destination: _____

HISTORY (SAMPLE)

Symptoms:

Allergies:

Medications:

Past medical history:

Last oral intake:

Events leading to present condition:

SECONDARY ASSESSMENT

Focused/full-body assessment:

VITAL SIGNS

Time: _____ Blood pressure: _____

Pulse: _____ Respirations: _____

SpO2: _____ Blood glucose: _____

Temperature: _____

Intervention performed:

REASSESSMENT

Frequency:

Every 5 min (critical) Every 15 min (stable)

Changes in condition:

REASSESSMENT OF VITAL SIGNS

Time: _____ Blood pressure: _____

Pulse: _____ Respirations: _____

SpO2: _____ Blood glucose: _____

Temperature: _____

Reassessed interventions:

ADDITIONAL NOTES

Specify below:

EMT name: _____ Date: _____ dd / mm / yyyy

Signature: