

STANDARDS OF CARE

Competency Assessment: CA- 022/23

Ref: D+MER - online module

Updated: March 2017

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Primary Survey: PATIENT ASSESSMENT AND HISTORY TAKING

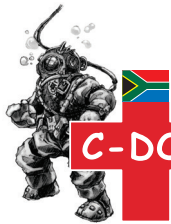
It is critical that the medic gathers complete and accurate information regarding the Injured Person (IP). Use this check list to assist you in following a structured methodical and competent approach to patient assessment and history taking.

Radio Medical Advice (RMA)

When requesting RMA give clear, concise information in an orderly manner to the advising Doctor. Make sure the Doctor has clearly understood the situation so they can make correct management decisions. The Doctor and Injured Person (IP) are dependant on your RMA.

1. HAZARDS (DANGER)	General Approach - SITUATIONAL AWARENESS - Assess the situation, only approach if it is safe to do so.	
	1. Safeguard SELF: Personal Safety – Universal precautions (BSI - Body Substance Isolation)	
	2. Safeguard Scene – Identify and eliminate work place hazards and risks	
	3. Safeguard injured person – Assess the situation	
	Assess Mechanism of Injury (MOI) or Nature of Illness	
	Assess forces of involved	
	Index of suspicion - consider contributing factor and C-Spine motion restriction	
2. HELLO (RESPONSE)	General Impression Ask what work was being performed at the time of the incident.	
	Determine Level Of Consciousness (LOC) - Assess AVPU	A V P U
	Assess for evidence of life signs, if no obvious life signs start continuous chest compressions.	
3. HELP (SEND FOR HELP)	Report incident to supervisor	
	Activate Medical Emergency Response Plan	
	Request Oxygen, AED and DMAC kit	
	Identify the need for early evacuation	
4. AIRWAY	Assess - Can the Injured Person (IP) manage their own airway.	
	Appropriately manage any vomiting using recovery position or handheld suction	
	Manage airway using Head tilt - Chin lift / Jaw thrust	
	If no obvious life signs, manage airway using appropriate device (OPA)	

5. BREATHING	Look Listen and Feel for effective breathing over 10 seconds.	
	Ensure breathing is effective and adequate (request pulse oximeter)	
	Use appropriate Oxygen Administration System (non-rebreather mask @15lpm, Demand or BIBS)	
	If no obvious life signs request appropriate barrier device (face shield, Pocket Mask or Bag Valve Mask (BVM) Resuscitator	
6. CIRCULATION	Assess general appearance, skin colour, temperature and capillary refill.	
	Manage any catastrophic bleeding.	
	Recognise the need for Intravenous Therapy (IV) Sodium Chloride 0.9% or Ringers.	
7. DISABILITY - RAPID ASSESSMENT	General/Trauma Casualties	
	Quick Head to toe to identify obvious Injuries or nature of illness	
	Quick visual inspection for obvious injury from Head to Toe	
	Manage any obvious injury or illness with appropriate first aid	
	Position the Injured Person appropriately	
	Identify the need for early evacuation	
	Suspected Decompression Illness (DCI)	
	Evolution – Progressive (worse) , Static (same), spontaneous recovery or relapse	
	Manifestations - List the signs and symptoms	
	Time of onset - of first sign /symptom noted	
	Gas Burden – High Medium or Low	
Evidence of Barotrauma – Ear, Sinus, Lung		
Identify the need for early recompression		
<ul style="list-style-type: none"> • Immediate Management of obvious injury or illness (chief complaint) • Correct positioning of IP • Need for evacuation. (Transport is Treatment) 		



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Secondary Survey

GENERAL PATIENT INFORMATION	1. Name	
	2. Nationality, Age, Gender	
	3. Work Site	
	4. Occupation of casualty	
	5. Chief Complaint (nature of injury or illness)	
	6. Need for evacuation	
1. BASE LINE VITAL SIGN ASSESSMENT	• Level of consciousness (LOC) – AVPU	A V P U
	• Respiration (breathing rate) - Rate Depth Effort	Breaths per minute
	• Pulse - Rate and Rhythm	Beats per minute
	• Blood Pressure -	Systolic BP Diastolic BP
	• Capillary refill	
	• Temperature	
	• Pupils (PEARL – Pupils Equal And Reacting to Light)	
	• Hemo Glucose Test (HGT) Blood sugar test	
	• Oxygen saturation %	
• Urine test SG and pH		
2. SAMPLE HISTORY	• Signs and symptoms	
	• Allergies	
	• Medication	
	• Past medical, travel, family history	
	• Last oral intake	
	• Events – What work were you doing at the time of the incident? / Diving Profile	
3. PAIN ASSESSMENT PQRSTA	1. Provoke - What makes it worse or Palliate - What makes it better?	
	2. Quality - Describe the type of pain	
	3. Region/Radiate - Show me where the pain is	
	4. Severity - 1/10 minor 10/10 serious	
	5. Timing - When did the pain start?	
	6. Associated symptoms/signs	

4. FULL HEAD-TO-TOE ASSESSMENT (DCAP – BTLS)	Deformities (TIC – Tenderness, Instability, Crepitus) (PMS – Pulses, Motor function, Sensation)	
	Contusions (bruises)	
	Abrasions (grazes)	
	Penetrations or protrusions	
	Burns (DEC – Depth, Extent, Critical)	
	Tenderness PQRSTA – Provoke/Palliate, Quality, Region/Radiate, Severity, Timing, Association)	
5. NEUROLOGICAL ASSESSMENT	Laceration - MOI, Force Involved, Type and Location of wound, Length, Depth, Damage to underlying structures, organs, Risk of Infection	
	Swelling	
	1. MANY - Memory	
	2. EYES – Eye function and movement	
	3. FACE – Facial function, movement and sensation	
	4. HER - Hearing	
	5. SHOULDERS – Shoulder shrug	
	6. GOT – Gag reflex	
	7. TO - Tongue	
	8. MAKE – Motor function and muscle strength	
	9. SOME – Sensory function	
10. BUCKS – Balance and co-ordination		
RADIO MEDICAL ADVICE (RMA)	• Relay General Patient information	
	• Express the need for Evacuation	
	• Relay all the collected information in an orderly manner (primary and secondary survey)	
	• Await medical advice for further treatment	
	• Fluid replacement (Name, Dosage, Route, etc)	
	• Drug administration (written prescription only)	
ON-GOING ASSESSMENT	• Invasive procedures (e.g. suturing)	
	• Continuously check the Primary Survey	
	• Monitor vital signs at regular intervals	
	• Carry out and document all given orders and procedures	
	• Document Fluid input and output	
	• Complete company documentation / DMAC 01 Aide Memoire	