

**FOOTHILL COLLEGE EMS PROGRAMS
TRAUMA ASSESSMENT/MANAGEMENT
SKILLS LAB**

PERFORMANCE OBJECTIVE

Student will demonstrate their ability to perform a Trauma Assessment/Management. Taking more than 15 minutes is a “FAIL” for this skill.

CONDITIONS

The patient is conscious, laying on the ground (supine), with a minor injury to an extremity.
“Patient” will remove their Shoes and Socks before assessment is started.

EQUIPMENT

PPE EMS Bag with BP cuff/Stethoscope Black pen/paper

STANDARDS

The standards are incorporated into the checklist to be used by the scorer. *The student is required to verbalize and perform as do their assessment*

<p>States: “I would perform PENMAN, and give your General Impression of the patient”</p> <p>Perform: Primary Assessment: Student will go through Primary Assessment on simulated patient</p> <ul style="list-style-type: none"> ● Introduction/Get patient name/Consent ● Assess LOC - Level of consciousness/responsiveness (<i>Check pupils</i>) ● Alert, Verbal, Pain, Unresponsive ● Attend to life threats ● Airway, Breathing, Circulation <p>States: “Primary Assessment is unremarkable, LOC is A+Ox4”</p>
<p>Perform History: Utilize SAMPLE- - -Signs/Symptoms – Allergies – Medications – Past history – Last Oral – Events</p> <p>States:</p> <ul style="list-style-type: none"> ● Vital Signs: “I would Auscultated Blood Pressure, pulse, respiration, Pulse Ox and temperature”. ● Actual vital signs will be tested as another skill at a different time
<p>Performs Secondary Assessment:</p> <p>Scalp - Palpates with both hands for: Active Bleeding (Checks gloves), Deformities</p> <p>States: “Appears Unremarkable” or “No Active bleeding or deformities found.”</p> <ul style="list-style-type: none"> ● Eyes Observes: Ability to open (<i>spontaneous, to voice, or to pain</i>) States: “Unremarkable” or “Spontaneous eye opening noticed.” Foreign bodies and prosthesis. <p>States: “Appears Unremarkable” or “No foreign bodies or prosthesis noticed.”</p> <ul style="list-style-type: none"> ● Diameter of each pupil (<i>normal, dilated, constricted, or pinpoint</i>) States: “Pupils are _____ mm in size” ● Reaction to light, (Moves penlight lateral to medial) Notes equality of reaction time to light and pupil diameter. <p>States: “Pupils are equal and react to light.”</p> <ul style="list-style-type: none"> ● Lower eyelid for color, Observes - Gently Pulls either eyelid down, looks for pinkness or paleness. <p>States: “Unremarkable” or “Lower eyelid is pink”</p>
<ul style="list-style-type: none"> ● Ears: Observes for- Looks into both ears for blood or clear fluid (CSF). <p>States: “Appears Unremarkable” or “No blood or clear fluid (CSF) in ears.”</p>
<ul style="list-style-type: none"> ● Nose: Observes for- Looks into nose for blood or clear fluid (CSF) <p>States: “Appears Unremarkable” or “No blood or clear fluid (CSF) in nose”</p>
<ul style="list-style-type: none"> ● Mouth: Observes for - Looks into mouth for possible airway obstruction and/or trauma. <p>States: “Appears Unremarkable” or “No trauma or obstruction noticed.”</p>
<ul style="list-style-type: none"> ● Chest & Abdomen: States: “I would remove all clothing to assess the neck, chest and abdomen.
<ul style="list-style-type: none"> ● Neck Observes and palpates Front for: Tracheal deviation, Accessory muscle use in neck, Neck vein distention, Surgical Airway, Medical Alert necklace <p>States: “Appears Unremarkable” or “No tracheal deviation.” “No accessory muscle use ” “No neck vein</p>

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<p>distention” “No Stoma” “No med-alert” Noticed</p>
<p>Neck, Palpates (cervical spine) for midline point tenderness. States: “Appears Unremarkable” or “No cervical spine tenderness noted.”</p>
<ul style="list-style-type: none"> ● Palpates both Clavicles for: Deformities States “Appears Unremarkable” or “No deformities noticed.”
<ul style="list-style-type: none"> ● Chest Observes for: Bilateral equality of movement, Paradoxical motion, Effort of breathing Sternal or intercostal retractions. States: “Appears Unremarkable” or “There is equal bilateral movement of the chest without paradoxical motion or excessive effort, including sternal or intercostal retractions, Scars and bruises” States: “Appears Unremarkable” or “No scars or bruises noticed.” ● Auscultates both Lungs for Breath Sounds (At the intersection of the lateral nipple line and the mid-axillary line.) States: “Breath sounds are present bilaterally.” ● Palpates Chest Place hands on chest in “Barrel–Hoop” Test position Ask: “Please take a deep breath. (<i>assess for pain, bony or soft tissue crepitus.</i>) If no Pain, Crepitus detected. States: “Appears Unremarkable” or “No bony or soft tissue crepitus noticed.”
<ul style="list-style-type: none"> ● Abdomen, Observes for: Obvious penetrating injuries, Scars, Bruises, Distention Pulsating Mass(es) States: “Appears Unremarkable” or “No penetrating injuries, scars, bruises, Distention, or pulsating mass noticed. If a mass existed, I would not palpate the abdomen.” ● Abdomen, Palpates (<i>in all four quadrants separately</i>) RUQ-LUQ-LLQ-RLQ For tenderness, rigidity (<i>firmness</i>) States: “Appears Unremarkable” or “No tenderness or rigidity noticed.”
<ul style="list-style-type: none"> ● Pelvis Observes: Priapism, Incontinence, Bleeding States: Appears Unremarkable, or evidence of priapism, incontinence, bleeding ● Pelvis Palpates: Compresses pelvis from the sides (<i>iliac crests</i>) to test for pelvic fracture (barrel-hoop test). States: “Appears Unremarkable” or “No pain noticed”
<ul style="list-style-type: none"> ● Legs and Feet Observes: State: “I would remove the clothing before assessing the Legs and Feet.” DCAP BTLS, Needle (track) marks, Shunts States: “Appears Unremarkable or, “No DCAP BTLS, track marks or shunts noticed.” ● Leg, Palpates each for Pain or Deformity. States: “No DCAP BTLS noticed.” ● Foot Pulses, Palpates – (palpate together, using at least two fingers) Palpates both the dorsal pedal or posterior tibial pulse in each foot. States: “Pulses present bilaterally.” ● Foot Movement (Holds ankle joints) Ask: “Please wiggle your toes.” ● Foot Sensation (Touches either the big toe or the pinky toe on each foot in turn) Ask: “Which toe am I touching?”
<ul style="list-style-type: none"> ● Arms and Hands Observes: DCAP BTLS, Needle (track) marks, Shunts States: “Appears Unremarkable or “No DCAP BTLS, track marks or shunts noticed.” ● Palpates each Arm for DCAP BTLS States: “No DCAP BTLS” noticed.” ● Radial Pulses (palpate together) States: “Pulses present bilaterally.” ● Observes Hand Movements (holds wrist joints) Ask: “Please move your fingers.” ● Hand Sensation (Touches a finger on each hand in turn) Ask: “Which finger am I touching?”

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Reassessment – Stable (every 15 minutes) or Unstable (every 5 minutes)

- Repeat Primary Assessment
- Reassess vital signs
- Reassess chief complaint
- Recheck effectiveness of treatment
- Identify & treat changes in condition

Transport Code Determination – Student states what code it is depending on patient presentation

Code 2 for stable – LOC, VS

- Code 3 for Unstable- ALOC, decreased perfusion
- Radio Report – Hand off Report – Student should be prepared to give hand off report or radio ringdown, which is Organized and Clear

Critical Criteria:

- ___ Failure to complete skill within 15 minute or less
- ___ Failure to state, I would perform PENMAN
- ___ Failure to voice and ultimately provide appropriate oxygen therapy
- ___ Failure to appropriately manage problems with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- ___ Provides a dangerous or inappropriate intervention
- ___ Failure to provide for spinal protection when indicated
- ___ Failure to manage patient as a competent EMT