EMS Patient Assessment

Scene to handoff for EMT and paramedic: XABCDE, history, GCS, reassessment, reports

Medic Basics
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SCENE SIZE-UP AND PRIMARY ASSESSMENT

- PPE, then scene safety; recheck it all call
- Mechanism of injury (MOI) or nature of illness; number of patients
- Call for resources early: ALS, fire, police
- Consider spinal motion restriction

SAFETY Unsafe scene: do not enter; stage until it is made safe.

Primary: general impression, AVPU, chief complaint and life threats, then XABCDE. Fix problems as you find them.

SAFETY Unresponsive, not breathing or only gasping: check pulse and breathing together, 10 s max. No pulse: compressions now.

PHTLS (since its 9th edition) and ATLS 11 (2025): bleeding before airway. Follow your agency's protocols.

STEP	CHECK	ACT NOW
X	Spurting or pooling blood	Tourniquet, packing, direct pressure
A	Open? Snoring, gurgling, fluids	Position (jaw thrust if trauma), suction, adjunct
B	Rate, effort, chest rise, SpO_2	Oxygen, BVM if inadequate, seal chest wound
C	Pulse, skin, capillary refill	Position, keep warm, IV/IO (paramedic)
D	AVPU or GCS, pupils, glucose if altered	Treat low glucose per protocol; note deficits
E	Expose to find injuries	Re-cover; prevent hypothermia

End the primary with a priority and transport decision: unstable or potentially unstable means go now.

EXAM TIP NREMT EMT (since April 2025): Primary Assessment 39–43% (includes baseline vitals), Scene Size-up 15–19%, reassessment in Secondary 5–9%; build lists test order. Paramedic: Clinical Judgment 34–38%.

HISTORY: SAMPLE AND OPQRST

SAMPLE	OPQRST
Signs and symptoms	Onset: sudden or gradual?
Allergies	Provokes/palliates: worse or better?
Medications	Quality: patient's own words
Pertinent past history	Radiation: does it spread?
Last oral intake	Severity: 0–10
Events leading up	Time: how long? Changing?

Pertinent negatives: expected findings that are absent (chest pain without shortness of breath). Record and report them.

SECONDARY ASSESSMENT: MEDICAL VS TRAUMA

PATIENT	EXAM FOCUS
Trauma, significant MOI or altered mental status	Rapid head-to-toe
Trauma, minor isolated injury	Focused exam of the injury
Medical, responsive	History, then focused exam
Medical, unresponsive	Rapid full-body exam; history from others

- Rapid exam: head, neck (trachea, neck veins), chest (breath sounds), abdomen, pelvis, limbs (pulse, motor, sensation), back and buttocks
- DCAP-BTLS: deformities, contusions, abrasions, punctures, burns, tenderness, lacerations, swelling
- Paramedic: a differential diagnosis steers the exam

EXAM TIP Skills-sheet fails: any other assessment before fixing ABC threats; no transport called by 10 min (trauma) or 15 min (medical); no accurate report to arriving EMS (medical).

SAFETY Critical trauma: 10 min or less on scene; splints and detailed exam en route.

MENTAL STATUS: AVPU AND GCS

AVPU: Alert (note orientation: person, place, time, event), Verbal, Pain, Unresponsive. GCS adds detail; score the best response.

Total 3–15. Report the parts (E3 V4 M5 = 12); an untestable part is NT, with no total.

SCORE	EYE	VERBAL	MOTOR
6	—	—	Obeys commands
5	—	Oriented	Localizes
4	Spontaneous	Confused	Normal flexion (withdraws)
3	To sound	Words (inappropriate)	Abnormal flexion (decorticate)
2	To pressure (pain)	Sounds (incomprehensible)	Extension (decerebrate)
1	None	None	None

- Score after ABCs are managed, before sedation or paralytics
- TBI airway: GCS under 9 (or 9 and falling), airway not maintained, or SpO_2 under 90% despite oxygen; best means in your scope
- Preverbal child: pediatric GCS; standard GCS over age 2

EXAM TIP Exams may use the older labels in parentheses; scores are unchanged.

VITAL SIGNS AND REASSESSMENT

Baseline: BP, pulse, respirations; add SpO_2, skin, pupils, glucose if altered. Trend every set.

Each time: primary, vitals, complaint, interventions, compared with baseline. Worsening means unstable.

PATIENT	REASSESS
Unstable	Every 5 min, or more often
Stable	At least every 15 min
After any intervention	Right away: did it work?
Head injury	GCS each check; at least every 30 min

2021 field triage: any one means the highest-level trauma center.

AGE	FIELD TRIAGE RED FLAGS
Any	Motor GCS <6; RR <10 or >29; respiratory distress or support needed; room-air SpO_2 <90%
10–64	SBP <90 or HR > SBP
65+	SBP <110 or HR > SBP

REPORTS AND DOCUMENTATION

Radio report: under 1 minute, no names. One common order; follow your system's:

- Unit and provider level
- Age, sex, chief complaint, field impression
- Key history, mental status, findings
- Treatment and response
- Latest vitals
- ETA; any questions?

Handoff: a structured verbal report; for trauma, MIST (Mechanism, Injuries, Signs, Treatment).

- The PCR is a legal record: objective facts, standard abbreviations, no opinions or radio codes
- Record pertinent negatives and why a treatment was skipped (aspirin already taken)
- Paper error: one line, initial, correct; never erase
- Electronic: dated, signed addendum; never alter records to hide errors

Sources (27) are listed with links at medicbasics.com/sheets/patient-assessment.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.