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Patient Assessment

Voices of Experience

The Paramedic's Most Valuable Tool

In my humble opinion, the ability to assess the patient rapidly and accurately is the most valuable tool that EMS providers have. I know that we have scores of stuff in the back of our trucks: defibrillators, pulse oximeters, autovents, etc. Even with all of the devices we carry, not one of them will make clinical judgments and decisions about your patients. That privilege is reserved for you.

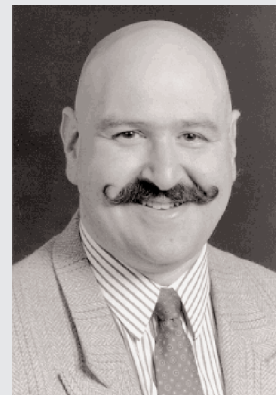
Think about it—just about every piece of equipment on our trucks is used only episodically. When was the last time you applied a traction splint? I imagine it was at your last refresher. The only skill that you perform on *every* patient is assessment.

Is the patient stable, unstable, or critical? It seems like it should be easy enough, but I will tell you that assessment is the hardest skill to teach EMS practitioners. CPR, bleeding control, intubation, and IV skills are easy by comparison. Assessment skills are tough because they are not only practitioner dependent but patient dependent as well. Some patients are just poor historians, and some providers have difficulty mastering a skill that changes for each patient. However, if you are not going to assess your patients adequately, you may as well call yourself a transporter of live cargo and not an EMS professional.

Good interview skills are a must. A good interview begins with you having an interest in your patient's condition, and it continues with you putting yourself at the patient's eye level and speaking slowly and carefully in language that the patient can understand. Find out the patient's name and use it. This is especially important in the elderly. Avoid calling the patient "pop," "honey," or any other familiar term.

Think about what you are doing—you are asking a patient the most personal and private of questions on what may be his or her worst day. Approach it as the sacred trust that it is. One of the problems in EMS is that sometimes we set our students up for not getting a good history by forcing them to only answer endless questions in training programs. In actuality, their value as EMS professionals is not in the questions that they answer but in the questions that they ask.

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Patient History

History is the version of past events that people have decided to agree upon.

— Napoleon Bonaparte

At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient.

What 10 pieces of data make up the content of the patient history?

Date; identifying data; source of referral; source of history; reliability; chief complaint; present illness; information provided by friends; police; others.

What are two things to consider with regard to history reliability?

Variables (such as memory, trust in the responder, and motivation to provide accurate data); evaluation made at the end as opposed to the beginning of the interview.

What is the chief complaint?

One or more symptoms for which the patient is seeking medical attention; it is the main part of the history.

What is the “present illness”?

Identifies the chief complaint and gives a clear chronological account of symptoms.

What seven things do you want to know when getting a past history?

General state of health; childhood illnesses; adult illnesses; psychiatric illnesses; accidents and injuries; operations; hospitalizations.

What questions do you ask with regard to current health status?

Focus on present state of health; environmental conditions; personal habits.

What four techniques are essential to taking a good history?

Setting the stage; learning about the present illness; getting more information; special challenges.

How do you review the medical history?

Briefly view previous medical records if available; pay attention to important insights.

What three elements make up a good environment for history taking?

Finding a place for you and the patient to sit; being cautious of power relationships; providing adequate personal space.

What three things should you be aware of with regard to your demeanor and appearance?

Just as you are watching the patient, the patient is watching you: watch body language; present a clean, neat, professional appearance.

Why is good note taking important?

It is difficult to remember all the details, and most patients are comfortable with note taking. However, do not divert your attention from the patient to take notes.

What are four ways to effectively learn about the present illness?

Greet the patient; see to the comfort of the patient; use good opening questions; get more information.

What are three ways to politely greet your patient?

Greet by name; shake hands; avoid use of familiar terms such as “hon” or “Granny.”

How can you assure the patient's comfort?

Be alert to patient comfort levels; inquire about the patient's feelings; watch for signs of uneasiness.

What are three generally effective ways to ask questions?

Ask about why the patient is seeking medical attention or advice; use a general open-ended question; follow the patient's lead.

How can you effectively follow the patient's lead?

Through facilitation; reflection; clarification; empathetic responses; confrontation; interpretation; asking about feelings.

How does reflection help with learning about the present illness?

Repetition of the patient's words encourages additional responses. Typically does not bias the story or interrupt the patient's train of thought.

When would you want clarification?

To clarify ambiguous statements or words.

How can you assure empathetic responses?

Use techniques of therapeutic communication to interpret feelings and your own response toward those feelings.

How is interpretation helpful?

It goes beyond confrontation by requiring you to make an inference.

What are four ways of obtaining additional information?

Obtain the attributes of a symptom; use clinical reasoning; ask direct questions; take a history on sensitive topics.

What are the seven attributes of a symptom?

Location; quality; quantity; timing; setting; factors that make it better or worse; associated manifestations.

How can you determine quantity or severity of symptoms?

Ask "How bad is it?"; attempt to quantify the pain by using a scale of 1 to 10 or other scales.

What are two things we want to know about timing?

When did it start? How long does it last?

Which two factors influence the interview setting?

Emotional response; environment.

How does clinical reasoning help with gathering more information?

Results of questioning may allow you to think about associated problems and body systems.

How do you effectively ask direct questions?

Do not ask leading questions; ask one question at a time; use language that is appropriate.

What three topics are particularly sensitive when you are taking a patient history?

Alcohol and drug use; physical abuse or violence; sexual history.

What are three problems associated with silence during the interview?

Silence is often uncomfortable; silence has meaning and many uses; silence may be a result of a lack of sensitivity on the part of the interviewer.

Why might a patient be silent during the interview?

Patients may use silence to collect their thoughts, remember details, or decide whether or not they trust you; it might be a nonverbal sign of distress.

What might be one problem with an overly talkative patient?

Faced with a limited amount of time, the interviewer might become impatient.

What are a few techniques to counteract the overly talkative patient?

Lower your goals and accept a less comprehensive history; give the patient free reign for the first several minutes; summarize frequently.

What two problems might you encounter when reassuring a patient?

It is tempting to be overly reassuring; premature reassurance blocks communication.

What are some things to keep in mind with regard to a patient's anger and hostility?

Understand that anger and hostility are natural, often the anger is displaced toward the clinician; do not get angry in return.

What are the best ways to deal with intoxicated patients?

Be accepting, not challenging; do not attempt to have them lower their voice or stop cursing as this may aggravate them; avoid trapping them in small areas.

What do you need to know about crying patients?

Crying, like anger and hostility, may provide valuable insight. Be sympathetic.

What are some things to be on the lookout for in patients with limited intelligence?

Do not overlook the ability of these patients to provide you with adequate information; be alert for omissions; severe mental retardation may require you to get information from family or friends.

What are two things to consider with language barriers?

Take every possible step to find a translator — a few broken words are not an acceptable substitute for good information.

What are two things to consider with patients who have hearing problems?

Very similar to patients with a language barrier; if the patient can sign, make every effort to find a translator.

What is the main thing to consider when dealing with a blind patient?

Be careful to announce yourself and to explain who you are and why you are there.
