

ASSESSMENT BASED MANAGEMENT

7-1: At the completion of this unit, the paramedic student will be able to integrate the principles of assessment-based management to perform an appropriate assessment and implement the management plan for patient with a common complaint.

COGNITIVE OBJECTIVES: At the completion of this unit, the paramedic student will be able to:	DECLARATIVE:
7-1.1 Explain how effective assessment is critical to clinical decision-making (C-1).	I. Effective assessment <ul style="list-style-type: none"> A. Assessment is the foundation of care <ul style="list-style-type: none"> 1. Can't treat or report what isn't found 2. Gather, evaluate and synthesize the information 3. Make the right decisions 4. Take appropriate actions/apply appropriate protocols B. Accurate information is critical to decision making <ul style="list-style-type: none"> 1. The history <ul style="list-style-type: none"> a. A critical component of formulating the medical diagnosis b. Knowledge of diseases and index of suspicion affect quality of the history acquired c. Focused toward the complaint and associated problems 2. The physical examination <ul style="list-style-type: none"> a. Effectiveness compromised by some field situations b. Focused toward systems associated with complaint 3. Pattern recognition <ul style="list-style-type: none"> a. Gathered information compared to knowledge base b. Classic versus atypical presentation c. Greater the knowledge base and assessment information, better the chances of accurate assessment and decisions 4. Field impression 5. Formulation of plan of action, based on: <ul style="list-style-type: none"> a. Patient's condition b. The environment 6. BLS/ALS treatment driven by: <ul style="list-style-type: none"> a. Protocols b. Judgment <ul style="list-style-type: none"> (1) Know when and how to apply protocols (2) Know when to contact medical control for consultation
7-1.2 Explain how the paramedic's attitude affects assessment and decision-making (C-1)	C. Factors affecting assessment and decision making <ul style="list-style-type: none"> 1. Paramedic attitude
7-1.3 Explain how uncooperative patients affect assessment and decision-making. (C-1)	2. Uncooperative patients <ul style="list-style-type: none"> a. Difficulty in obtaining information b. Restraints may make assessment difficult c. Safety hazards d. Consider other causes for uncooperative behavior

Note: Content in italics is optional and may be included at the discretion of the training center.

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<p>7-1.4 Describe how labeling and tunnel vision affect assessment. (C-1)</p>	<ol style="list-style-type: none"> 3. Obvious but distracting injuries can divert attention from more serious problems 4. Tunnel vision/labeling <ol style="list-style-type: none"> a. Labels applied by responder sometimes set an inappropriate tone, distract and cause biased assessment <ol style="list-style-type: none"> (1) Just another drunk (2) Frequent flyer (3) May be multiple problems (e.g. intoxication plus head injury) b. Tunnel vision <ol style="list-style-type: none"> (1) Making a field impression too early (2) Not seeing the whole picture
<p>7-1.5 Describe how the environment can affect the assessment. (C-1)</p>	<ol style="list-style-type: none"> 5. The environment <ol style="list-style-type: none"> a. Scene chaos b. Violent/dangerous situations c. Crowds of bystanders d. Multiple responders e. Noise levels
<p>7-1.6 Describe how patient's concerns affect assessment. (C-2)</p>	<ol style="list-style-type: none"> 6. Patient concerns <ol style="list-style-type: none"> a. Patient confidence in rescuers b. Past experiences c. Cultural and ethnic diversity
<p>7-1.7 Describe how staffing considerations affect assessment and decision-making (C-1)</p>	<ol style="list-style-type: none"> 7. Staffing considerations <ol style="list-style-type: none"> a. Single rescuer may need to do history and physical and treat concurrently b. Multiple responders may be challenged by: <ol style="list-style-type: none"> (1) Lack of leadership/power struggle (2) Disorganized acquisition of history D. Assessment/management choreography – preplanning <ol style="list-style-type: none"> 1. Pre-designated roles assigned to team members 2. Roles should be rotated among team members 3. Paramedics working alone must assume all ALS roles 4. Multiple paramedics need to have a plan 5. Plan is not cast in concrete as field situations are dynamic
<p>7-1.8 Explain the general approach to the emergency patient. (C-1)</p>	<ol style="list-style-type: none"> II. Integration of information to assessment based approach <ol style="list-style-type: none"> A. History and physically initially based on patient's complaints B. Consideration of the possibilities in the differential diagnosis C. Integration of knowledge of pathophysiology with assessment findings D. Formulate working assessment/diagnosis E. Making treatment plan F. Ongoing assessment, revision
<p>7-1.9 Discuss the process for utilizing assessment-based approach in developing a differential diagnosis for common chief complaints. (C-3)</p>	<ol style="list-style-type: none"> III. Integration of content in case discussion (adult, pediatric and geriatric cases): Differential diagnosis of: (Ed. note: All major pathologic groups from the curriculum need to be addressed in the differential diagnosis.) <ol style="list-style-type: none"> A. Chest pain

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<p>7-1.10 Discuss the importance of integrating pathophysiological principles in patient assessment. (C-3)</p>	<ul style="list-style-type: none"> B. Difficulty breathing C. Hypotension/shock D. Altered mental state E. Multiple trauma F. Cardiac arrest G. Abdominal pain
<p>7-1.11 Demonstrate the general approach, patient assessment, differentials and management priorities for patients with the following problems: (C-3)</p> <ul style="list-style-type: none"> a. Chest pain b. Cardiac arrest c. Abdominal pain d. altered mental state e. Dyspnea f. Syncope g. Thermal/environmental injury h. Trauma i. Allergic reaction j. Behavioral k. OB/Gyn l. Pediatric <p>7-1.12 Given a patient complaint scenario, use assessment-based approach to establish a working assessment/ diagnosis. (C-3)</p>	<p>IV. Assessment-based patient care scenarios</p> <ul style="list-style-type: none"> A. Chest pain <ul style="list-style-type: none"> 1. Acute myocardial infarction 2. Unstable angina 3. Aortic aneurysm 4. Pulmonary embolism 5. Pneumothorax 6. Symptomatic dysrhythmias B. Cardiac arrest <ul style="list-style-type: none"> 1. Trauma arrest 2. Medical arrest 3. Ventricular fibrillation 4. Ventricular tachycardia 5. Asystole 6. Pulseless electrical activity 7. Termination of resuscitation 8. No resuscitation indicated C. Abdominal pain <ul style="list-style-type: none"> 1. Acute myocardial infarction 2. Aortic aneurysm 3. Renal colic 4. Ruptured ectopic pregnancy 5. Gastrointestinal bleeding 6. Intestinal obstruction D. Altered mental status <ul style="list-style-type: none"> 1. Alcohol overdose 2. Drug ingestion/overdose 3. Seizure 4. Hypoglycemia 5. Hyperglycemia 6. CVA 7. Transient ischemic attack 8. Head injury E. Dyspnea <ul style="list-style-type: none"> 1. Emphysema/chronic bronchitis 2. Asthma/acute bronchospasm 3. Acute pulmonary edema/left heart failure 4. Acute myocardial infarction 5. Foreign body obstruction 6. Pneumonia 7. Pulmonary embolism 8. Spontaneous pneumothorax 9. Hyperventilation syndrome 10. Smoke/toxic inhalation F. Syncope <ul style="list-style-type: none"> 1. Symptomatic dysrhythmia (brady, tachy)

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	<ul style="list-style-type: none"> 2. Vascular/volume causes <ul style="list-style-type: none"> a. Medication side effects b. Hypovolemia c. Carotid sinus stimulation d. Orthostatic e. Vaso-vagal 3. Metabolic <ul style="list-style-type: none"> a. Hypoglycemic
	<ul style="list-style-type: none"> b. Hyperventilation 4. Neurogenic <ul style="list-style-type: none"> a. TIA b. Seizure G. Thermal/environmental <ul style="list-style-type: none"> 1. Hypothermia 2. Hyperthermia 3. Thermal burns 4. Near drowning H. Trauma <ul style="list-style-type: none"> 1. Multiple trauma, blunt 2. Penetrating trauma 3. Impaled object 4. Spine injury with neurologic deficit 5. Subdural/epidural hematoma I. Allergic reactions/bites/envenomation <ul style="list-style-type: none"> 1. Local allergic reaction 2. Systemic allergic reaction J. Behavioral <ul style="list-style-type: none"> 1. Threatening/hostile 2. Hallucinations 3. Suicidal K. Obstetrics/gynecology <ul style="list-style-type: none"> 1. Vaginal bleeding 2. Childbirth (normal and abnormal) L. Pediatrics <ul style="list-style-type: none"> 1. Respiratory distress/failure/arrest 2. Shock 3. Cardiopulmonary failure/arrest 4. Major trauma 5. Fever 6. Seizures

Affective Objectives: None identified for this unit.

Psychomotor Objectives: None identified for this unit.

