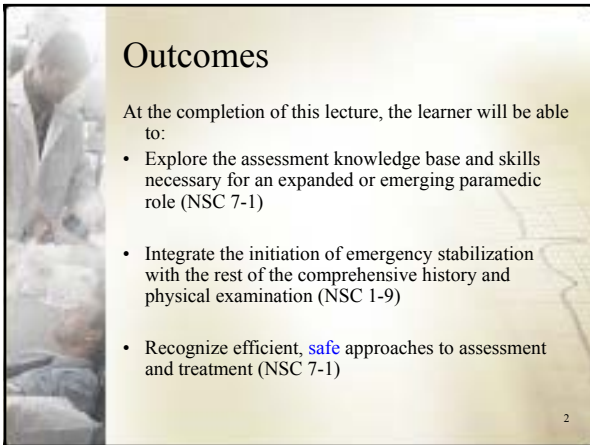


EMC 340 Introduction to Clinical Medicine

04 Approaches to Assessment

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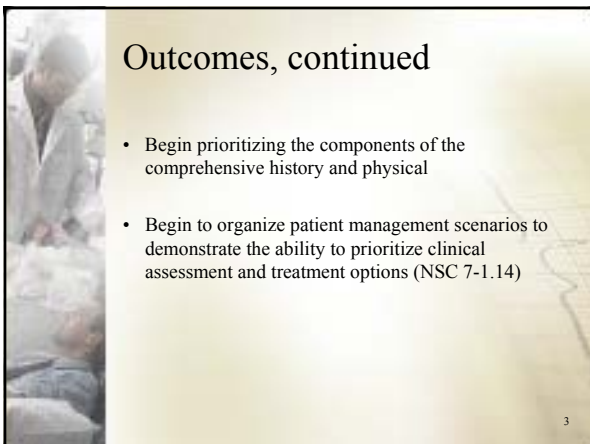


Outcomes

At the completion of this lecture, the learner will be able to:

- Explore the assessment knowledge base and skills necessary for an expanded or emerging paramedic role (NSC 7-1)
- Integrate the initiation of emergency stabilization with the rest of the comprehensive history and physical examination (NSC 1-9)
- Recognize efficient, **safe** approaches to assessment and treatment (NSC 7-1)


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Outcomes, continued

- Begin prioritizing the components of the comprehensive history and physical
- Begin to organize patient management scenarios to demonstrate the ability to prioritize clinical assessment and treatment options (NSC 7-1.14)


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Approaches to assessment

- Recognize efficient, safe approaches to assessment and treatment (NSC 7-1)
- Trauma: emergent and non-emergent
- Non-trauma, “medical”: emergent
- Non-trauma, “medical”: non-emergent (“SOAP”)

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“Medical SOAP”

Traditional “medical SOAP”

- **Never** intended to be used with **unstable**, emergency patients
- **Problem oriented**, “SOAP” is appropriate for:
 - **Stable** patients
 - Multiple patients or problems
 - Primary care, with follow-up
- Differs from the Primary assessment / stabilization


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Traditional “SOAP”

The “SOAP” or “Data Base to Plan” method is **inappropriate** for the emergency patient


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Primary Assessment and Stabilization

- ASSESSMENT and EARLY STABILIZATION approach:
- Scene Safety / PPE
- C/A
- B
- C
- D
- E
- VS

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Primary Assessment and Stabilization

Immediate assessment and stabilization approach:

- Emergent Problems
- Problems that need prioritizing

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Clinical Decision Making

In the process of clinical decision making both methods are used;

- Immediate assessment and stabilization approach
- “SOAP” or “data base to plan”


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“SOAP” or “data base to plan”

Subjective	-History
Objective	-Physical findings and diagnostic results
Assessment	-Analysis and interpretation
Plan	-Diagnostic, therapeutic and educational


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Predictive Values and Probability

- Prevalence (and incidence) of diseases are of **little** value when dealing with an **unstable** patient
- Value of assessment tools
 - **Sensitivity** of assessment tools: critical value
 - **Specificity** of assessment tools: limited value
 - **Predictive values** (for both positive and negative predictions): limited

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Predictive Values and Probability

Emergency/paramedic approach to predictive values of data:

- As **cautious** an approach as is reasonable
- How **able** and **sensitive** is the assessment tool at finding a potentially **life-threatening** problem?


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Assessment Approach

- Situational
 - Not exactly the same protocol for everyone
 - Always safe to assume the worst possible situation
- Perspective
 - Having put into perspective the importance of timing and priorities, now consider all of the components of a comprehensive patient evaluation


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Components of a Comprehensive Evaluation

- Initial assessment and stabilization
- History
- Physical examination
- Lab assessment
- Additional treatments
- Response to treatments
- Diagnosis
- Disposition


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Assessment Approach

- [Fig. 2.1](#)


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Assessment Approach

- Desktop folder approach
 - Start in the middle (**initial**)
 - Never lose sight of the middle folder (**primary**)
 - Open each folder
 - At the appropriate time
 - Stay in that folder as long as is appropriate


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Scenarios

- Begin to picture an outline of:
 - Patient management scenarios
 - that will demonstrate the ability to prioritize assessment (and treatment options)
- Next, we will begin to construct:
 - Simple patient management scenarios
 - Scenario management “scoresheets”

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Summary

We have discussed:

- integrating initial emergency stabilization with the rest of the comprehensive history and physical examination (NSC 1-9)
- efficient, safe approaches to assessment and treatment (NSC 7-1) while prioritizing the components of the comprehensive history and physical

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Summary, continued

- The comprehensive, non-emergent (“SOAP”) assessment as a basis necessary for an expanded or emerging paramedic role (NSC 7-1)
- Organizing patient management practice scenarios so clinical assessment and treatment are always prioritized (NSC 7-1.14)
