



EMC 370 Introduction to Medical Emergencies

01 Initial Assessment and Stabilization

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Outcomes for the Course

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

- Recognize the components of a knowledgeable, efficient, clinically safe approach to assessment and treatment of medical emergencies.
- Organize patient management and demonstrate the ability to prioritize clinical assessment and treatment options. (NSC 7-1)



Outcomes for this Lecture

- At the completion of this lecture, the learner will be able to:
- Integrate the initiation of emergency stabilization with
 - history
 - physical exam
 - differential diagnosis (life-threatening)
 - (NSC 1-9)
- Begin to prioritize assessment and treatment options
 - (NSC 7-1).



Approach to Medical Emergencies

Review

- ALS Assessment
 - EMC 340 – Lecture 4
- Clinical Decision Making
 - EMC 340 – Lecture 9
- PC-2: p. 234-249




Critically Ill Patients

- Need for critical decision-making
- Have a plan and rules of patient management
- Situations may appear totally unfamiliar
- Have a strategy of always returning to the rules




Clinical Judgment

- Recognizing patient acuity
 - **C**ritical
 - **U**nstable
 - **P**otentially unstable
 - **S**table
- Anticipate problems and act before they occur
- Protocols and algorithms
 - Case management



Classes Of Patient Acuity


- Critically life-threatening
- Unstable
- Potentially life-threatening
- Stable, non-life-threatening



Approach to Medical Emergencies

3 Essential Questions

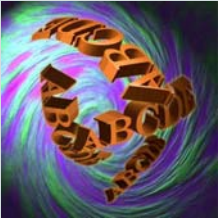

- Stable or unstable?
- What to do?
 - Rapidly yet thoroughly
 - Beginning to assess
 - Beginning to treat simultaneously
- What's wrong with the patient?
 - from signs and symptoms of a patient whose diagnosis is unknown



The Initial Assessment

First priorities - Primary Survey or Initial Assessment (CABCDE)


- C - c-spine (trauma)
- A - airway
- B - breathing
- C - circulation
- D - disability
- E - exposure

Rapid Approach


A rapid approach to potentially life threatening signs and symptoms in a patient with a medical emergency.

- Medical emergencies will involve
 - Heart
 - Lungs
 - Brain
- Presenting symptoms and signs will be
 - Circulatory
 - Respiratory
 - CNS



Symptoms and Disorders

<u>Symptom</u>	<u>Associated disorder</u>
Chest pain	CV: myocardial infarction
Dyspnea	Resp: COPD with asthma
ALOC	CNS: coma confusion stroke syncope seizures



Approach on Several Tracks

Simultaneously approach the patient on multiple tracks and asking:

- What all is wrong with the patient?
- What should I be doing right now for this patient?
- What's the explanation (Dx.) for the patient's condition?
- How will that explanation affect the treatment?
- How will that explanation affect what complications to expect?

Physical Exam

- Primary survey
 - C-spine
 - VS
 - Respiratory rate, pattern, and quality
 - Increased BP (Increased? Why?)
 - HR (Increased or decreased? Why?)
 - Head to toe examination
 - Trauma signs

Rapid Neurological Exam

Neurologic PE

- PERRL(A) / EOMI
- Glasgow Coma Scale
 - Eye response
 - Verbal
 - Arm

GLASGOW COMA SCALE			
1. EYE OPENING			
SPONTANEOUS	4	4	4
TO VOICE	3	3	3
TO PAIN	2	2	2
NONE	1	1	1
2. BEST VERBAL RESPONSE			
ORIENTED	5	5	5
CONFUSED	4	4	4
SLURRED WORDS	3	3	3
INCOMPREHENSIVE	2	2	2
NONE	1	1	1
3. BEST MOTOR RESPONSE			
OBEYS COMMAND	6	6	6
LOCALIZES PAIN	5	5	5
WITHDRAWS	4	4	4
FLEXION	3	3	3
EXTENSION	2	2	2
NONE	1	1	1
TOTAL			

Focused Neurological PE

Neurologic

- Consciousness
 - **A** lert and oriented
 - **V** erbal stimulation response
 - **P** ain stimulation (eye response; extr. response)
 - **U** nresponsive
- Speech (clear or not)
- Movement (posturing; to pain)
 - all four extremities
 - to verbal
 - to pain (flexion, extension)

Continuation of Management

- Reassessment and ongoing treatment
 - ABCs / CO₂M₃EBIG
 - Coma Meds
- Finish PE
 - Recheck VS and Neuro every few minutes
- Brief history
 - AMPLE / TIPS
- Transport without delay

Airway and C-spine

- Does this patient have a gag?
- If any doubt of C-spine injury, **immobilize.**



Breathing

- O₂ administration
- Assist with ventilation



Circulation

- Pulse
- Cardiac monitor
- Skin
- Hemorrhage
- IV



Disability

If AVPU is abnormal, consider the administration of coma medications.

A	Alert
V	Verbal stimuli
P	Pain
U	Unresponsive

Brief History

- Allergies
- Meds
- Past illnesses
- Last meal
- Evidence

Focused Physical Exam

- Thorough but quick exams may provide/yield diagnostic clues.
- Specific signs may lead to the source of coma.

Summary

We have discussed:

- Prioritizing assessment and treatment
- Rules and strategies for integrating emergency stabilization with
 - Primary or initial CABCDE / COMEBIG
 - History
 - Physical exam
 - Differential diagnosis (life-threatening)
 - Other assessment and treatment options for Neuro and all ALS medical emergencies