

Ongoing Assessment

Covers Lesson 3-6 and portions of Lesson 3-9 of the 1994 U.S. Department of Transportation's EMT-Basic National Standard Curriculum

DOT OBJECTIVES

Page numbers in parentheses refer to pages in the textbook.

Knowledge and Attitude

1. Discuss the reasons for repeating the initial assessment as part of the ongoing assessment. (p. 289)
2. Describe the components of the ongoing assessment. (pp. 289–298)
3. Describe trending of assessment components. (pp. 286, 289, 291)
4. Explain the value of performing an ongoing assessment. (p. 286, 288)
5. Recognize and respect the feelings that patients might experience during assessment. (p. 288)
6. Explain the value of trending assessment components to other health professionals who assume care of the patient. (p. 291)

Skills

1. Demonstrate the skills involved in performing the ongoing assessment.

REVIEW

In the last lesson, “Assessment of the Medical Patient,” students learned how to assess the most common type of patient they will encounter, the responsive medical patient. With such patients, the physical exam is usually of lesser importance than it is with trauma patients. Instead, the focus is on careful and thorough collecting of information about a patient’s illness and medical history. However, the overall goal of the assessment is



Total Teaching Time: 1 hour

The total teaching time being recommended is only a guideline. Instructors should take into consideration such factors as: the pace at which students learn, the size of the class, and breaks. The actual time devoted to teaching objectives is the responsibility of the instructor.



Resources Needed

- Scored Chapter 11 quizzes
- 4 nonstudent volunteers to serve as patients
- 4 EMTs to serve as teaching assistants
- 2 medical jump kits with BSI equipment, stethoscopes, BP cuffs, airway management equipment, and penlights
- 2 trauma jump kits with BSI equipment, assorted cervical collars, stethoscopes, BP cuffs, airway management equipment, and penlights
- 4 portable oxygen cylinders
- 4 portable suction units



**Evaluation
Handout 12-1**

Chapter 12 Objectives Checklist



Point to Emphasize

An ongoing assessment loses some of its value if good baseline vital signs were not obtained initially.



**PowerPoint
Presentation**

Chapter 12, Slides 2–4



**PowerPoint
Presentation**

Chapter 12, Slides 5–6



Point to Emphasize

Some severely injured patients may need to be monitored every 2 or 3 minutes.



**PowerPoint
Presentation**

Chapter 12, Slides 7–11



**PowerPoint
Presentation**

Chapter 12, Slides 12–13

the same as with a trauma patient—to provide adequate assessment and emergency care at the scene without delaying transport to the hospital.

Distribute the scored quizzes from the last class. Review each of the questions on the quiz and clarify or address any concerns students may have about the answers.

INTRODUCTION TO CHAPTER 12

Chapter 12, “Ongoing Assessment,” covers the sixth lesson and part of the ninth lesson in Module 3 of the DOT curriculum. Point out to students that assessment continues until the patient is turned over to medical personnel at the hospital. A patient’s condition can change at almost any time. There may be a change for the better: an unresponsive patient regains consciousness. Or there may be change for the worse: an alert, oriented patient becomes confused. As a result, all members of the EMS team must reevaluate the patient frequently, using the procedures of the ongoing assessment.

Distribute copies of the Chapter 12 Objectives Checklist and ask students to look it over while you briefly paraphrase the objectives in your own words.

LECTURE

The following suggested lecture outline is based on the 1994 Department of Transportation’s EMT-Basic National Standard Curriculum. In some places, topics in that outline have been rearranged or expanded upon to enhance student understanding. The page numbers in parentheses in the outline refer to pages in the textbook. The parenthetical references in dark, heavy type are to figures, tables, and scans in the textbook.

▶ THE ONGOING ASSESSMENT

I. Components of Ongoing Assessment (p. 289) (Scan 12-1, pp. 288–289)

II. Repeat Initial Assessment (p. 289)

For a stable patient, repeat and record every 15 minutes; for an unstable patient, repeat and record at a minimum every 5 minutes.

A. Reassess mental status. (p. 289)

B. Maintain open airway. (p. 289)

C. Monitor breathing for rate and quality. (p. 289)

D. Reassess pulse for rate and quality. (p. 289)

E. Reestablish patient priorities. (p. 289)

III. Reassess and Record Vital Signs (p. 290)

A. Use pulse oximeter per local protocol. (p. 290)

IV. Repeat Focused Assessment Regarding Patient Complaint or Injuries (p. 290)

V. Check Interventions (p. 290)

A. Assure adequacy of oxygen delivery/artificial ventilation. (p. 290)

B. Assure management of bleeding. (p. 290)

C. Assure adequacy of other interventions. (p. 290)

VI. Observe Trends (pp. 290–291)

VII. Ongoing Assessment for Stable and Unstable Patients (p. 291) (Fig. 12-1, p. 291)

REVIEW QUESTIONS

Check on how well students can apply what they have learned by discussing the Review questions on page 294.

Q1: Name the four steps of the ongoing assessment and list what assessment you will make during each step.

A1:

- 1) Repeat the initial assessment—Reassess mental status. Maintain open airway. Monitor breathing for rate and quality. Reassess pulse for rate and quality. Monitor skin color and temperature. Reestablish patient priorities.
- 2) Repeat and record the vital signs.
- 3) Repeat the focused history and physical exam—chief complaints and injuries.
- 4) Check interventions—Assure adequacy of oxygen delivery and artificial ventilation. Assure management of bleeding.

Q2: Explain the value of recording, or documenting, your assessment findings, and explain the meaning of the term *trending*.

A2: By documenting findings, the EMT-B can note any changes in the patient's condition, adjust treatment, or begin new treatment. Trending is evaluating and recording changes in a patient's condition, such as slowing respirations or rising pulse rate, that may show improvement or deterioration, and that can be shown by documenting repeated assessments.

Application

Q: What do you need to do if your ongoing assessment turns up one of these findings?

- a. Gurgling respirations
- b. Bag on nonrebreather mask collapses completely when the patient inhales
- c. Snoring respirations

A:

- a. Suction patient.
- b. Increase oxygen.
- c. Open airway.

STREET SCENES

Ask a student to volunteer to read aloud to the class the case study on pages 294–295 of the textbook. Discuss answers to questions at appropriate points within the scenario.

Q1: How does the patient's mental status affect the way you maintain the patient's airway?

A1: Patients who are less than alert (responding to verbal or painful stimuli) may have difficulty maintaining their airways. These patients may position themselves in such a manner as to occlude their airways through a partial blockage by the tongue—a condition that can be resolved by repositioning. Also, with less-than-alert patients, EMT-Bs need to be prepared for suctioning. They may also need to move these patients into a position that will facilitate drainage. (*Note to Instructor:* Point out that when a patient is unresponsive, he or she must be monitored constantly. EMT-Bs should be prepared to reposition the patient as needed, to insert an OPA if no



Point to Emphasize

Ongoing assessment means that as long as the patient is under the care of the EMT, some part of the assessment process continues performed.



Critical Thinking

Review and discuss students' responses to questions on p. 294 of the student text.



Teaching Tip

Have students do an assessment but have a "mock" patient hold something back through the detailed assessment and see if student discovers or identifies the problem during the ongoing assessment.



Workbook

Chapter 12 Activities



Active Learning Manual

Chapter 12



Companion Website

Send students to <http://www.prenhall.com/limmer>.



Student CD

Chapter 12



Point of Interest

When a child decompensates as the result of hypoperfusion (shock) it is usually very rapid.



Reading Reference

Nixon, R., "How Does Your Garden Grow? Herbal Remedies EMS May Encounter," *Emergency Medical Services*, August 2002, VOL. 31, No. 8.



Teaching Tip

Run a practice scenario from start to finish. Don't let students stop when they "load the patient and go." Build into the scenario a transport time long enough to ensure that students perform at least one ongoing assessment.

gag reflex is present), and to apply suctioning. Patients with an altered mental status require constant assessment of the airway and immediate availability of the necessary equipment to correct any problems that may develop.)

Q2: What questions should you ask the patient and her husband?

A2: *Explain that at this point the EMT-Bs should have completed a SAMPLE survey. Questions might include the following: Has the patient had a similar condition in the past? Is the patient taking any blood pressure medication? If so, what is the medication? Is the patient compliant in taking it? In specifically questioning the husband, the EMT-Bs might ask: "When was the last time you saw your wife?" "Was she manifesting any of the current signs or symptoms at that point, such as trouble walking, slurred speech, or obvious facial drooping?" In specifically questioning the patient, the EMT-Bs might ask: "Are you having any trouble breathing?" "Are you in any pain?" (Note to Instructor: You might introduce the topic of a stroke at this point and/or refer students to examine the signs and symptoms listed in Chapter 19, "Diabetic Emergencies and Altered Mental Status," of the textbook.)*

Q3: How should you perform an ongoing assessment on this patient?

A3: *Student answers should reflect the steps listed in the textbook. For example, the EMT-Bs should monitor the patient's airway, breathing, and any changes in her level of consciousness. They should periodically reassess the patient's speech and observe facial drooping. The EMT-Bs should reassess the patient's pupils and vital signs approximately every 10 minutes. They should also periodically reevaluate changes in movement, strength, and sensation in all extremities.*

RUNNING A CALL

Give students a chance to apply what they have learned to a real-life situation. Begin by setting up four practice scenarios in empty classrooms or private areas. The scenarios should be the following: (1) responsive trauma patient, (2) unresponsive trauma patient, (3) responsive medical patient, and (4) unresponsive medical patient. There should be complete medical jump kits at both medical sites, and complete trauma jump kits at both trauma sites. All sites should have oxygen cylinders and suction units. Arrange to have four EMTs serve as teaching assistants at the scenario sites. Also arrange for four volunteers to play the roles of patients. Brief the "patients" on their roles, which should be based on the cases of Mr. Schmidt, Mrs. Malone, Clara Diller, and Brian Sawyer described in Chapters 8–12 of the textbook.

Then divide students into teams of two. (If you have an odd number of students, it is acceptable to have one team of three students.) Explain that four practice scenarios have been set up. Tell students that each team will go through all four scenarios.

Call pairs of students at random and direct them to the location of each scenario. Before teams head to their respective sites, direct them to respond appropriately to on-scene conditions. Remind team members to utilize all the information and skills that they have learned to date about patient assessment and treatment. Also advise them that there will be an EMT at each station to observe their performance and to provide feedback. Because you will have more than four teams of students, not all students will begin this activity at the same time. Advise those teams waiting for their turn to practice performing patient assessments on other members of the class.

Periodically visit each station to monitor progress. Provide assistance to the EMTs if necessary. Make sure each team visits all four stations. Help students who are waiting to begin this activity with their patient assessment skills. When each pair has completed each scenario, make sure that they return to the main classroom.

ASSIGNMENTS

Have students read Chapter 13, “Communications,” before the next class. Also ask them to complete Chapter 13 of the Workbook and Brady’s *Active Learning Manual*.

EVALUATION

Chapter Quiz Distribute copies of the Chapter Quiz provided in Handout 12-2 to evaluate student understanding of this chapter. Remind students not to use their notes or textbooks while taking the quiz.

TestGen You may wish to create a custom-tailored test using *Prentice Hall TestGen for Emergency Care*, 10th Edition to evaluate student understanding of this chapter.

Online Test Preparation (for students and instructors) Additional test preparation is available through Brady’s new online product, EMT Achieve: Basic Test Preparation at <http://www.prenhall.com/EMTAchieve>. Instructors can also monitor student mastery online.

REINFORCEMENT (See pp. xi–xiii for further information.)

Handouts If classroom discussion or performance on the quiz indicates that some students have not fully mastered the chapter content, you may wish to assign some or all of the Reinforcement Handouts for this chapter.

Brady Skills Series EMT-B Video/CD Have your students watch the skills come to life on either VHS or CD-ROM.

PowerPoint Presentation (for instructors) The PowerPoint material developed for this chapter offers useful reinforcement of chapter content.

Student CD (for students) A wide variety of material on this CD-ROM will reinforce and also expand student knowledge and skills.



Reading/Reference

Textbook, pp. 286–295



Workbook

Chapter 13 Activities



Active Learning Manual

Chapter 13



Evaluation Handout 12-2

Chapter 12 Quiz



TestGen

Chapter 12 Test



Online Test Preparation

Send your students to <http://www.prenhall.com/EMTAchieve>.



Reinforcement Handouts 12-3 to 12-6

Reinforcement Activities



Brady Skills Series

- Patient Assessment, Part 2 (Ongoing Assessment)



PowerPoint Presentation

Chapter 12, PowerPoint



Student CD

Chapter 12



Companion Website

<http://www.prenhall.com/limmer>



EC 360

Chapter 12



Medical Emergency Response Simulator

Chapter 12 Scenarios



Brady Pocket Reference for the EMT-B

- Assessment Skills (Ongoing Assessment)

Companion Website (for students) Additional review quizzes and links to EMS resources will contribute to further reinforcement of the chapter.

EC 360 A new 60-hour distance learning program for didactic portions of the course, is offered on one of three platforms: CourseCompass, Blackboard, or Web CT. Includes the IRM, PowerPoints, TestGen, and Companion Website for instruction. Ask your local sales representative for more information.

Medical Emergency Response Simulator (MERS) (for students)

The following MERS scenarios offer important skill reinforcement for this chapter.

Level of Complexity	Case Number
Intermediate Advanced	All cases at these two levels

OBJECTIVES CHECKLIST

Knowledge and Attitude	Date Mastered
1. Discuss the reasons for repeating the initial assessment as part of the ongoing assessment.	
2. Describe the components of the ongoing assessment.	
3. Describe trending of assessment components.	
4. Explain the value of performing an ongoing assessment.	
5. Recognize and respect the feelings that patients might experience during assessment.	
6. Explain the value of trending assessment components to other health professionals who assume care of the patient.	

Skills	Date Mastered
1. Demonstrate the skills involved in performing the ongoing assessment.	

CHAPTER 12 QUIZ

Write the letter of the best answer in the space provided.

- _____ 1. To check the level of responsiveness in a 7-month-old infant who appears drowsy, the EMT-B should:
- A. perform a sternal rub. C. tap the bottom of the feet.
B. pinch the back of the neck. D. pat the baby on the head.
- _____ 2. Throughout the assessment of the conscious adult patient, the EMT-B should remember to do all of the following except:
- A. explain procedures as they are carried out.
B. talk in a reassuring tone.
C. never speak directly to the patient.
D. consider the patient's feelings.
- _____ 3. When assessing a conscious child, the EMT-B should remember to:
- A. maintain eye contact with the patient.
B. speak only to the parents.
C. use medical terms to explain care.
D. never let the child handle equipment.
- _____ 4. The only thing that should prevent an EMT-B from performing the ongoing assessment of a patient is:
- A. police orders. C. delayed transport.
B. life-saving interventions. D. initial vital signs that are normal.
- _____ 5. When assessing the circulation of a young child or infant, the EMT-B should remember to check:
- A. capillary refill. C. chest movement.
B. nuchal rigidity. D. Babinski's reflex.
- _____ 6. Ongoing assessment is a means of determining:
- A. mechanism of injury. C. consent.
B. trending. D. liability.
- _____ 7. During the ongoing assessment, attempt to look at a patient as if you had never seen him before when checking:
- A. blood pressure. C. pupils.
B. pulse. D. interventions.
- _____ 8. The EMT-B's findings during the ongoing assessment are particularly important for the:
- A. dispatcher. C. hospital staff.
B. insurance report. D. QI review.
- _____ 9. Just how often to conduct the ongoing assessment is determined by the:
- A. location of the injury.
B. initial assessment.
C. patient's condition.
D. number of interventions performed.
- _____ 10. The recommended interval for conducting the ongoing assessment for stable patients is:
- A. every 5 minutes. C. determined by medical control.
B. once during transport. D. every 15 minutes.

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

Another busy day at the ambulance service is in full swing. You and your crew have just returned to the station when the tone sounds again. You are dispatched to a home where a 65-year-old female patient was found to be unresponsive.

The site of the call is a quiet suburban street. A man greets you at the curb. He tells you that he had been working in the garden and just came in for lunch. He called his wife, and when he got no answer, looked for her and found her lying on the sofa. He states that his wife has been “feeling poorly” for the past week.

The patient is still lying on the sofa in the den when you enter the house. She does not respond to your voice, but pulls away from mild painful stimulation. You note snoring and gurgling respirations. The patient’s husband informs you that his wife has a history of allergies and shortness of breath. You notice that the patient is breathing at a rate of 40 breaths per minute, with shallow respirations.

While you are assessing the airway, your partner is assessing the patient’s blood pressure. He informs you that the blood pressure is within normal limits. The patient’s heart rate is 104 beats per minute.

1. Is this patient breathing adequately?
2. What initial interventions will you perform?
3. How will you manage this patient?
4. How would you check interventions during the ongoing assessment?

CHAPTER 12 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. It is important to observe and reobserve your patient, not only to determine his condition when you first see him, but to note _____.
2. During the _____, you will repeat key elements of assessment procedures you have already performed.
3. When reassessing oxygen delivery to a patient, you should check the _____, the _____, the tubing, and the mask.
4. During the ongoing assessment, _____ must be watched for continually and managed immediately when discovered.
5. When assessing circulation in a young child, if you press on a nail bed and then release the pressure, the pink color should return in less than _____.
6. During the ongoing assessment, you will reassess and record the vital signs, comparing the results with the _____.
7. It is especially important to _____ each vital sign as soon as you obtain it.
8. _____ is present when a part of the chest moves in a direction opposite to the motion of the rest of the chest.
9. Trending refers to _____ in a patient's condition.
10. The ongoing assessment should be performed every 5 minutes for a(n) _____ patient.

ONGOING ASSESSMENT TRUE OR FALSE

Indicate if the following statements are true or false by writing *T* or *F* in the space provided.

- _____ 1. You will perform the ongoing assessment on every patient after you have finished performing life-saving interventions and, often, after you have done the detailed physical exam.
- _____ 2. Sometimes you may skip doing a detailed physical exam because you are too busy taking care of life-threatening problems.
- _____ 3. The ongoing assessment must never be skipped except when life-saving interventions prevent doing it.
- _____ 4. In small children who have very small nail beds, press on the top of the sternum to check capillary refill.
- _____ 5. The recording of vital signs should be deferred to the end of the call so that you can focus better on the patient's needs.
- _____ 6. The one element of the assessment that is usually skipped during the ongoing assessment is the focused assessment.
- _____ 7. When assessing the oxygen delivery system connected to the patient, a good habit to develop is to check the entire path of the oxygen from the tank to the patient.
- _____ 8. When an unbandaged wound is in a location where you cannot see it, you should gently palpate it with gloved hands and check your gloves for blood.
- _____ 9. Both stable and unstable patients should be reassessed at 10-minute intervals.
- _____ 10. Documenting changes in a patient's condition over time, such as slowing respirations or a rising pulse rate, that may show improvement or deterioration is known as trending.

ONGOING ASSESSMENT LISTING

Complete the following lists.

1. List the five steps of patient assessment.

2. List the four steps of the ongoing assessment.

3. The EMT-B begins the ongoing assessment by repeating the initial assessment to recheck for life-threatening problems. List six important steps in rechecking for life-threatening problems.

4. List five vital signs that should be reassessed during ongoing assessment.

5. List three things that should always be done when checking interventions.

Chapter 12 Answer Key

HANDOUT 12-2 Chapter 12 Quiz

- | | | | | |
|------|------|------|------|-------|
| 1. C | 3. A | 5. A | 7. D | 9. C |
| 2. C | 4. B | 6. B | 8. C | 10. D |

HANDOUT 12-3 In the Field

1. No. She has gurgling, snoring respirations, a rate much higher than normal, and is breathing shallowly.
2. Complete the initial assessment, assure that the airway is open and clear, and administer high-flow oxygen.
3. After taking the steps described above, you would complete the other components of patient assessment. If the patient is unable to manage her respirations at any point during the assessment, you would provide positive pressure ventilations. An airway adjunct such as a nasopharyngeal airway should be inserted. Frequent checks should be made of vital signs during the ongoing assessment.
4. You'd be especially sure to check adequacy of oxygen delivery and ventilations. Check the entire path of oxygen from tank to patient. Check regulator and flowmeter. Look for kinks in tubing. Check that tubing is connected to the mask and that the mask has a good fit.

HANDOUT 12-4 Chapter 12 Review

- | | |
|-------------------------|--------------------------|
| 1. any changes | 6. baseline measurements |
| 2. ongoing assessment | 7. record |
| 3. regulator, flowmeter | 8. Paradoxical motion |
| 4. life threats | 9. changes over time |
| 5. two seconds | 10. unstable |

HANDOUT 12-5 Ongoing Assessment True or False

- | | | | | |
|------|------|------|------|-------|
| 1. T | 3. T | 5. F | 7. T | 9. F |
| 2. T | 4. F | 6. F | 8. T | 10. T |

HANDOUT 12-6 Ongoing Assessment Listing

1. scene size-up; initial assessment; focused history and physical examination; detailed physical examination; ongoing assessment
2. repeat initial assessment; reassess and record vital signs; repeat focused assessment; check interventions
3. reassess mental status; maintain an open airway; monitor breathing for rate and quality; reassess pulse for rate and quality; monitor skin color and temperature; reestablish patient priorities
4. pulse; respirations; skin—color and temperature; pupils; blood pressure
5. assure adequacy of oxygen delivery; assure management of bleeding; assure adequacy of other interventions