



Standard Guide for Training the Emergency Medical Technician (Basic) to Perform Patient Initial and Detailed Assessment¹

This standard is issued under the fixed designation F 1219; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This guide establishes the minimum training standard for the performance of the initial assessment of ill or injured patients of all ages.

1.1.1 Frequently repeated initial surveys are an essential and integral part of the complete care of the acutely ill or injured patient.

1.2 This guide establishes the minimum training standard for the detailed assessment of ill or injured patients of all ages.

1.3 This guide identifies the components of the focused detailed assessment.

1.4 This guide is one of a series which together describe the minimum training standard for the emergency medical technician (basic).

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1.6 *This standard may involve hazardous materials, operations, and equipment. This standard does not purport to address all of the safety concerns associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 *ASTM Standards:*

F 1031 Practice for Training the Emergency Medical Technician (Basic)²

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *focused detailed assessment*—identification of the patient's real or perceived problem(s) by means of documentation

and evaluation of additional data from the detailed survey and pertinent patient information.

3.1.2 *focused detailed survey*—the methodical physical examination of the patient to evaluate conditions discovered during the primary survey and to find conditions not previously identified.

3.1.3 *initial assessment*—the identification of a patient's real or perceived problem(s) by means of the accumulation and evaluation of data from a scene evaluation, an initial and pertinent patient information.

3.1.4 *initial survey*—the rapid assessment and management of the patient's immediately life-threatening conditions.

3.1.5 *pertinent patient information*—information obtained from all available resources that relates to the patient's condition and problems. This information must be continuously updated. All information must be recorded and reported.

3.1.6 *scene evaluation*—a rapid evaluation of the environment, conditions, and necessary resources.

4. Significance and Use

4.1 This guide establishes the minimum national training standard for the performance of the initial assessment of the ill and injured patient of any age by the emergency medical technician (basic).

4.2 This guide shall be used by those who wish to identify the minimum training standard of the emergency medical technician (basic) as it relates to patient initial assessment.

4.3 This guide establishes a minimum national standard for training the emergency medical technician (basic) in the performance of the detailed assessment of ill and injured patients of all ages.

4.4 This guide shall be used by those who wish to identify the minimum training standard of the emergency medical technician (basic) as it relates to a focused patient detailed assessment.

4.5 This guide shall be used as the basis to revise Practice F 1031.

¹ This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.02 on Personnel, Training, and Education.

Current edition approved Oct. 10, 2000. Published January 2001.

Originally published as F1219-89. Discontinued August 1998 and Reinstated as F 1219-00.

² *Annual Book of ASTM Standards*, Vol 13.02.

4.6 Every person who is identified as an emergency medical technician (basic) shall be trained in accordance with this guide.

5. Scene Evaluation

5.1 While approaching the scene and the patient the emergency medical technician (basic) will assess the scene for hazards, number of patients, need for additional resources, and then take appropriate action.

5.2 While approaching the patient the emergency medical technician (basic) will assess the patient and the environment for clues relating to the mechanism of injury or illness.

6. Initial Survey

6.1 Frequently repeated initial surveys are an essential and integral part of the complete care of the acutely ill or injured patient. This guide identifies the preferred sequence for patient Primary Initial assessment; however, it must be emphasized that much of the initial assessment is done simultaneously and not necessarily sequentially. The Initial survey addresses:

- 6.1.1 The ability of the patient to communicate,
- 6.1.2 Cervical spine stability,
- 6.1.3 Airway patency,
- 6.1.4 Adequacy of ventilations,
- 6.1.5 Adequacy of circulation,
- 6.1.6 Life-threatening external bleeding
- 6.1.7 Level of consciousness, and
- 6.1.8 Clothing will be removed or loosened as needed to evaluate life threatening conditions.

6.2 The Initial survey shall be interrupted to manage immediately life threatening problems.

6.3 Patients with life-threatening problems that cannot be adequately corrected, as identified in the initial survey, shall be transported immediately as an emergency transport.

7. Pertinent Patient Information

7.1 Obtaining pertinent patient information shall be an ongoing process of collecting information from all available resources throughout the entire contact with the patient.

- 7.2 Identify the chief complaint.
- 7.3 Obtain pertinent information about present illness or injury, including current medication.
- 7.4 Suggested acronym: SAMPLE.
- 7.5 Obtain a pertinent past medical history, including allergies.
- 7.6 Locate any medical identification information.

8. Secondary Assessment

8.1 A detailed assessment is conducted only after the field treatment of all life threatening conditions has been initiated.

8.2 the detailed assessment may be focused on medical, traumatic or both entities.

8.3 The components of the detailed survey should be preformed following the completion of the initial survey. The selection and sequence of the components are dictated by the patient's condition and existing circumstances. The compo-

nents of the primary survey will be monitored during the detailed. The components of the detailed survey are:

8.3.1 Stabilize the cervical spine as indicated until in-line immobilization can be preformed.

8.3.2 Assess for altered mental status.

8.3.3 Determine vital signs:

8.3.3.1 Determine rate, rhythm and quality of respirations.

8.3.3.2 Determine rate, regularity and quality of the pulse.

8.3.3.3 Measure blood pressure.

8.3.3.4 Asses caapillary refill time in pediatric patients.

8.3.4 Examine the head:

8.3.4.1 Inspect and palpate head for any signs of injury or other abnormalities.

8.3.4.2 Inspect for blood, fluid or freign objects in ears, nose and mouth.

8.3.4.3 Extamine the eyes for signs of injury or other abnormalities.

8.3.5 Examine the skin-mucous membranes for any signs of injury or edema for color, temperature, and moistness.

8.3.6 Inspect and palpate the neck for any signs of injury or other abnormalities.

8.3.7 Examine the chest:

8.3.7.1 Inspect and palpate the chest for any sins of injury or other abnormalities.

8.3.7.2 Asses breath sounds, including auscultation of the chest.

8.3.8 Inspect and palpate the abdomen for any signs of injury of other abnormalities.

8.3.9 Assess the integrity of the pelvis.

8.3.10 Examine the perineal area:

8.3.10.1 Inspect the perneal for any signs of injury or other abnormalities.

8.3.10.2 In the event of an assault, evidence protection techniques must be practiced.

8.3.10.3 Assess for any signs of impending birth in women of childbearing age.

8.3.11 Examine each extremity:

8.3.11.1 Inspect and palpate for any signs of injury or other abnormalities.

8.3.11.2 Assess peripheral circulation, movement and sensation.

8.3.11.3 Suggested acronym "PMS" (pulses-motor-sensory).

8.3.12 Inspect and palpate the back and buttocks for any signs of injury or other abnormalities.

9. Emergency Transport

9.1 Patients with life-threatening problems idenified in the focused detailed survey shall be transported as an emergency transport.

9.2 ALS intercept should be considered for critical or deteriorating patients.

10. Keywords

10.1 assesment; detailed assessment; EMS; EMT; focused medical; focused truma; initial assessment

 **F 1219 – 00**

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