

# EMT Patient Assessment

<b>Scene size-up</b>				
Scene safety:	Safe	Unsafe		
Details:				
Mechanism of injury or nature of illness:				
Requested additional resources:	Yes	No		
C-spine stabilization:	Yes	No		
<b>Primary assessment</b>				
General impression:				
Level of consciousness:	Alert	Verbal	Pain	Unresponsive
Chief complaint:				
<b>Airway</b>				
Open?	Yes	No		
Intervention required?	Yes	No		
Details for required intervention:				
<b>Breathing</b>				
Rate:	/min			
Quality:				
Intervention required?	Yes	No		
Details for required intervention:				

<b>Circulation</b>		
Pulse:	/min	
Quality:		
Intervention required?	Yes	No
Details for required intervention:		
<b>Transport decision</b>		
Priority:	High	Low
Destination:		
<b>History (SAMPLE)</b>		
Symptoms:		
Allergies:		
Medications:		
Past medical history:		
Last oral intake:		
Events leading to present condition:		

<b>Secondary assessment</b>		
Focused/full-body assessment:		
<b>Vital signs</b>		
Time:		
Blood pressure:	/mmHg	
Pulse:		
Respirations:	/min	
SpO2:	%	
Blood glucose:		
Temperature:		
Intervention performed:		
<b>Reassessment</b>		
Frequency:	Every 5 min (critical)	Every 15 min (stable)
Changes in condition:		
<b>Reassessment of vital signs</b>		
Time:		
Blood pressure:	/mmHg	
Pulse:		
Respirations:	/min	
SpO2:	%	
Blood glucose:		
Temperature:		

Reassessed interventions:

**Additional notes**

EMT name:

Date:

Signature: