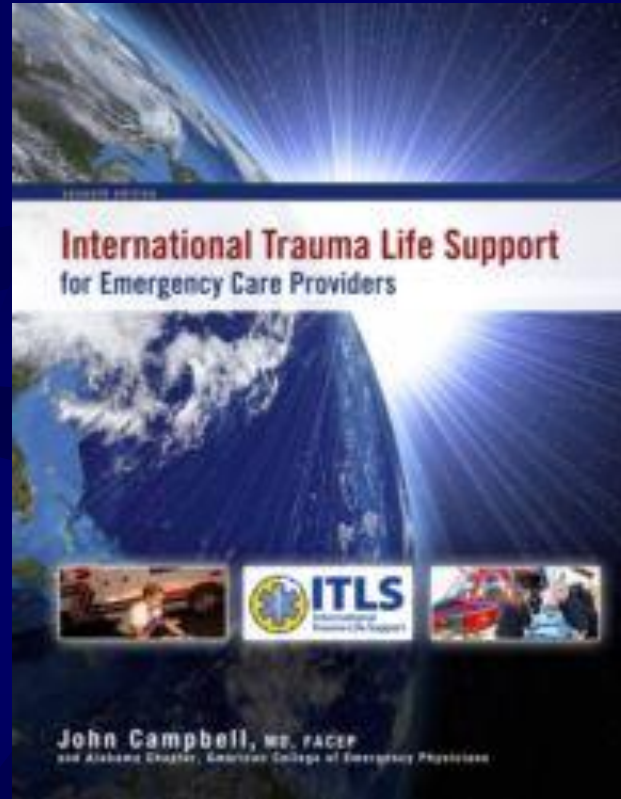


# ITLS Patient assessment Training the FIX-IT way as shown in the ITLS 7<sup>th</sup> edition



Presented By: Leon and Alexandra Charpentier in Vancouver,  
BC November 2013

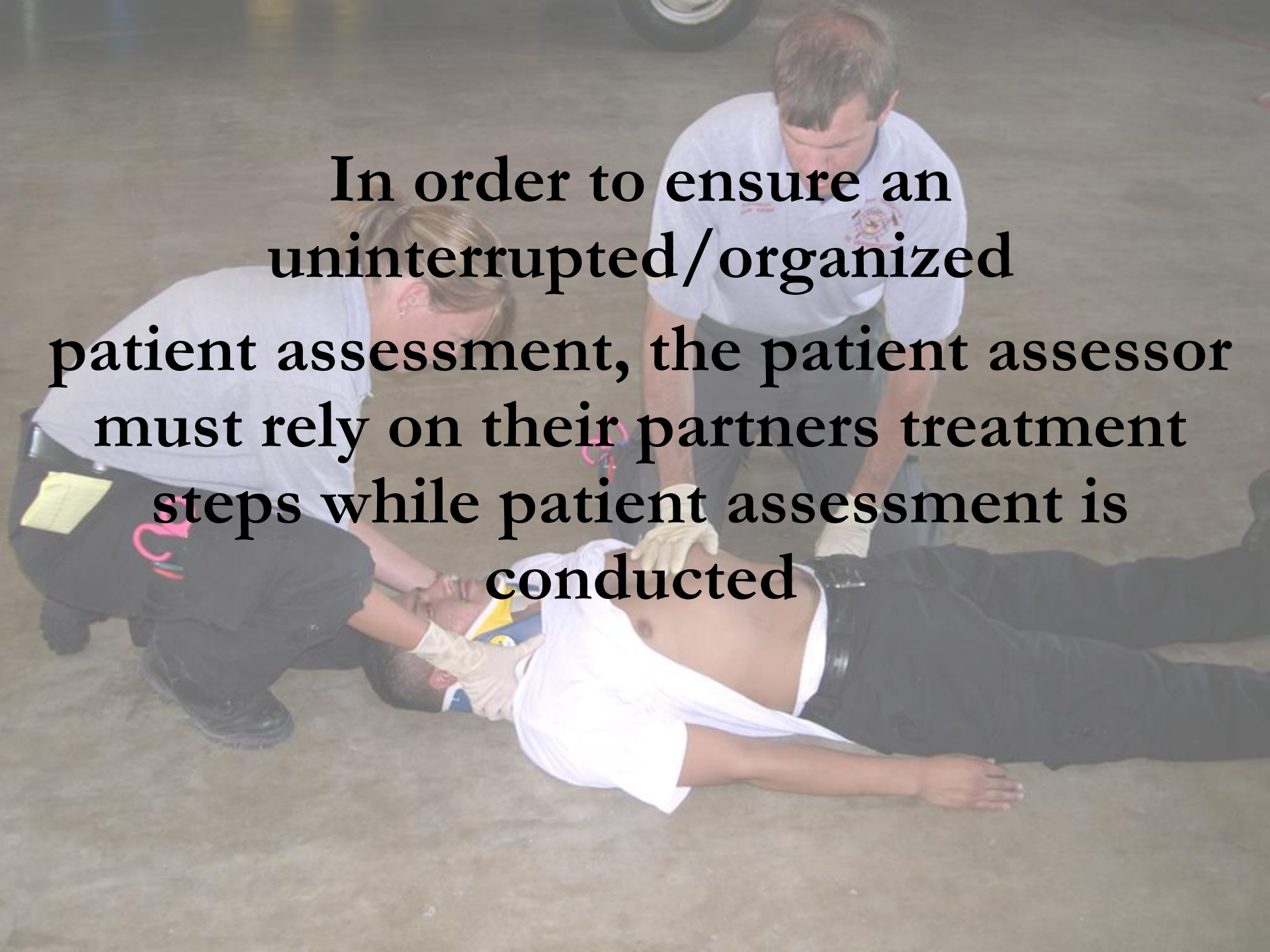
# History of FIX-IT

- Four years studying the outcome of student training
- The systematic training of FIX-IT led into better on scene patient care
- Introduced to my Co-authors of the Trauma Assessment Chapter, JT Stevens and Dr. Campbell.

# Training Students Using FIX-IT

- Students are easily side tracked by the sight of visible injuries
- This is a good training tool to keep the student on track
- It's similar to using mnemonics

**In order to ensure an uninterrupted/organized patient assessment, the patient assessor must rely on their partners treatment steps while patient assessment is conducted**



*“Your Treatment is Only as  
Good as Your Patient  
Assessment.”*

*Patient Assessment*

*Introducing*

***FIX-IT Process***

# PATIENT ASSESSMENT

MEDICAL Vs. TRAUMA

The SAME? Yes or No.\*

# What's the Difference?

- Scene Size-up
- Medical O.P.Q.R.S.T.
- Trauma Rapid Trauma Survey/Focused Exam.\*



# Trauma Assessment

- Let's Talk about Trauma



# The Patient Assessment Process Includes:

- Primary Survey
- Secondary Survey
- Ongoing Exam

# Primary Survey Includes:

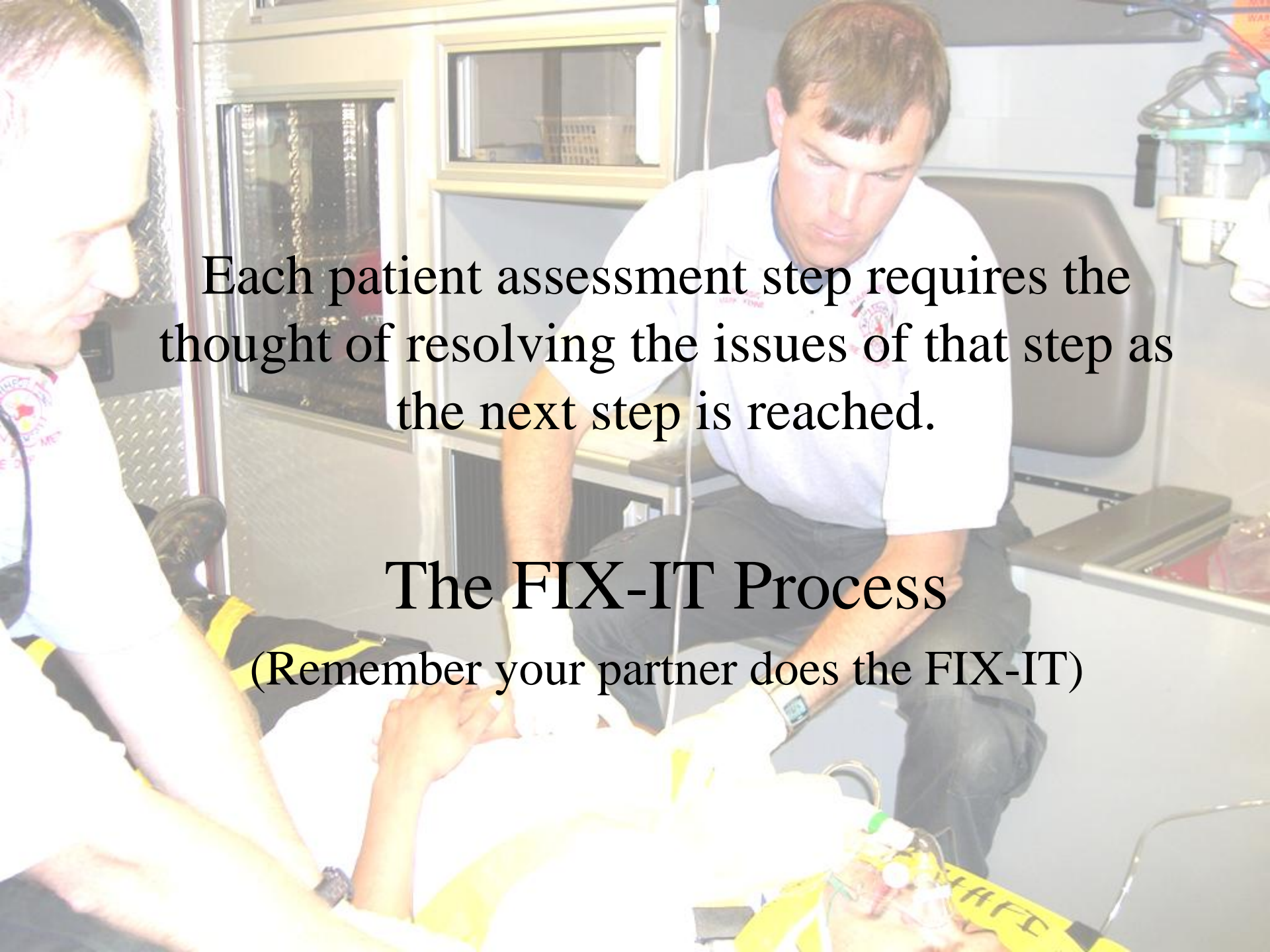
- Scene size up
- Initial Assessment
- Focused Exam or Rapid Trauma Survey

# Secondary Survey Includes:

- Baseline, Vital signs, SAMPLE History
- Head to Toe detailed exam
- Identify Load-n-Go's that have not already been identified.
- Assign duties to other team members

# Ongoing Exam Includes Reassessment of:

- LOC (Level of Consciousness)
- ABC's (Airway Breathing Circulation)
- Any Changes (From Previous Assessment)

A photograph of two EMTs in an ambulance. One EMT is on the left, partially visible, wearing a white shirt with a red and yellow logo. The other EMT is on the right, wearing a white polo shirt with a red and yellow logo, dark pants, and white gloves. He is leaning over a stretcher, attending to a patient who is lying on a white sheet. The ambulance interior is visible, including a window, a sink, and medical equipment. The text is overlaid on the image.

Each patient assessment step requires the thought of resolving the issues of that step as the next step is reached.

## The FIX-IT Process

(Remember your partner does the FIX-IT)

All Patient Assessment  
Must Start With.....



# Scene Size-Up

## Standard Precautions

You must ask yourself these questions:

1. Is the scene safe?
2. What's the mechanism of injury?
3. How many patients do I have?
4. Do I need more help or equipment?





# Essential Equipment (FIX-IT Tools)

- Personal protective equipment
- Backboard, straps, and head motion-restrictor
- Cervical collar
- Oxygen and airway equipment
- Trauma box



Bring essential equipment with you when you make your patient contact

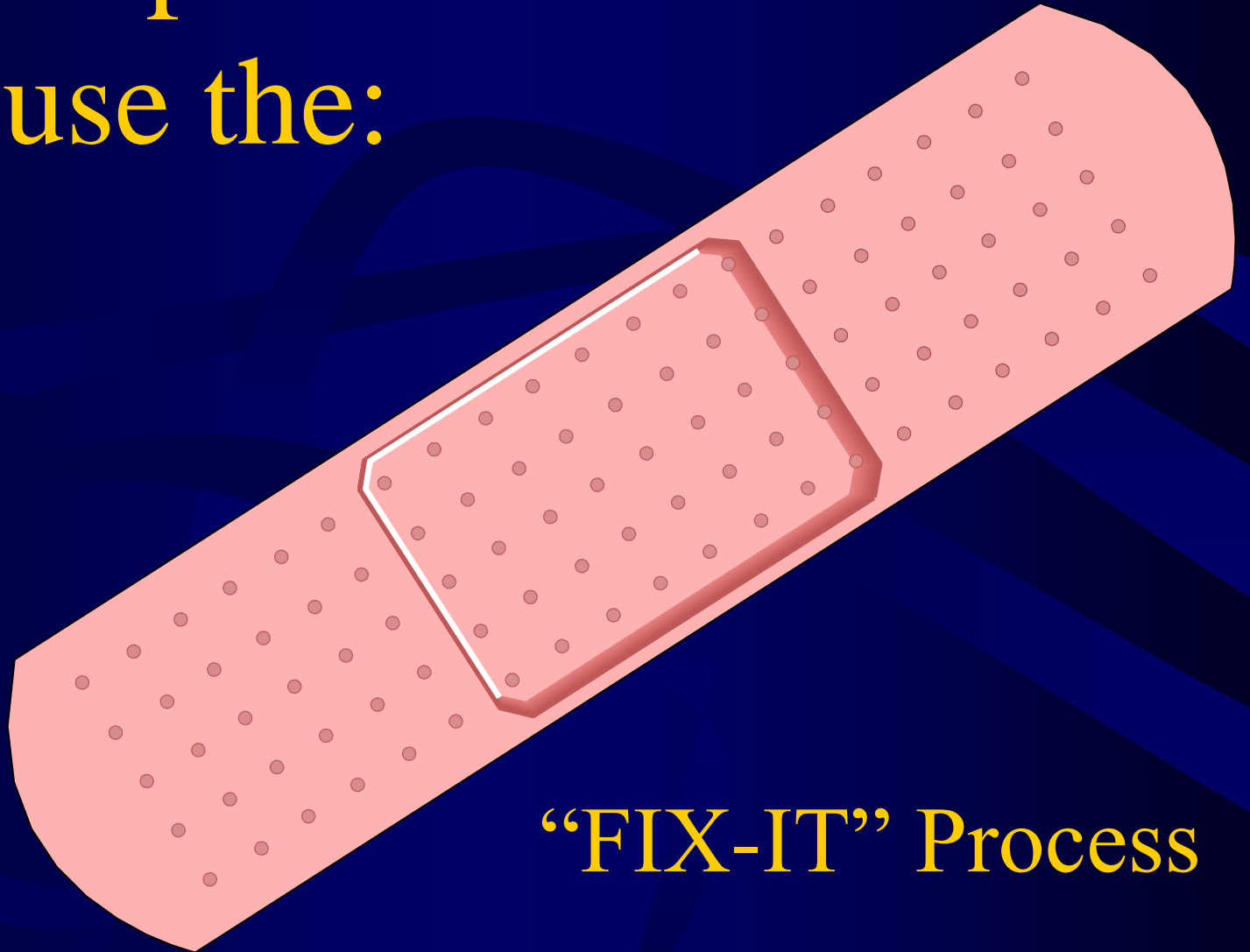
# Initial Assessment Includes...

## (What's Your General Impression)

- Cervical Spine control
- L.O.C.
- AVPU (Alert, Verbal, Pain, Unresponsive)
- Airway – patent yes or no?
- Breathing – rate & quality
- Circulation – rate & quality
- Skin color, condition
- Control bleeding

Did you find a load & go?

It is Important that  
you use the:



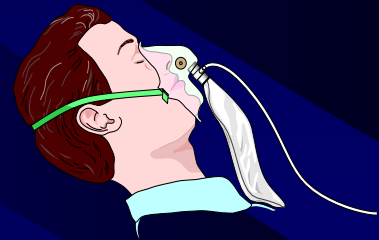
**“FIX-IT” Process**

The FIX-IT is done by your partner

# FIX-IT Process

## For General Impression

- LOC: Altered Mental Status –  
“Think” D stick/medical alert tags and medication patches (Fentanyl patch)
- As soon as you say:  
Airway/breathing – tell your partner to  
“FIX-IT” without stopping your patient  
assessment (O2, NRB, 15 LPM)
- As soon as you say:  
Circulation – Think “FIX-IT”  
(Is your IV equipment ready?  
Treat for SHOCK in route)



# Do Not Interrupt Initial Assessment

Except for:

- Airway obstruction
- Cardiac arrest
- The scene becomes unsafe





# Remember what is a Load and Go?

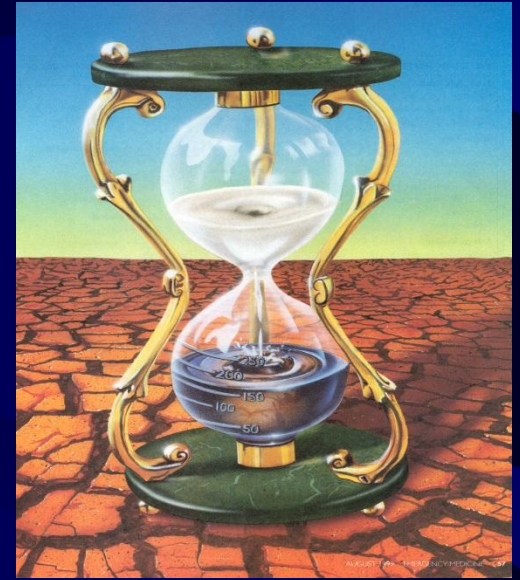
- Altered mental status
- Abnormal respiration
- Abnormal circulation
- Major chest trauma
- Tender abdomen
- Pelvic instability
- Bilateral femur fractures



When the Initial Assessment  
Is Completed,

IT'S...

# Time To Make A Decision!



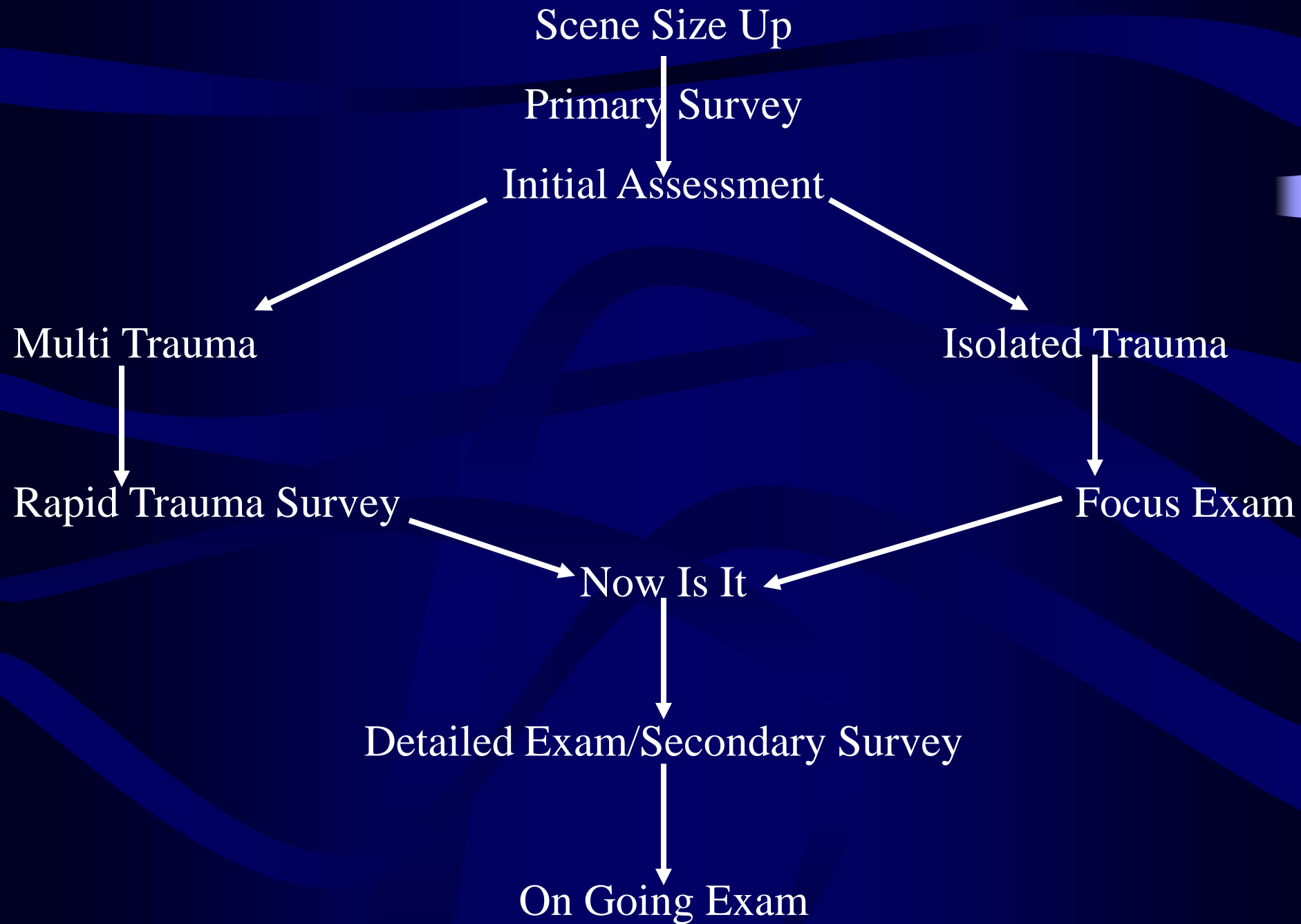
Rapid Trauma Survey

or

Focused Exam.

Which way to go?





# Focused Exam

Isolated Injury:

- Hand closed in car door
- Shot self in foot

(The Focused Exam is used when there is no chance for multi-trauma)



# Rapid Trauma Survey (Priority Patients)

Dangerous mechanism of injury

History reveals

- Loss of consciousness
- Difficulty breathing
- Abnormal initial assessment

Poor general impression



# Rapid Trauma Survey Begins

## Check the Head

### DCAP /BTLS

Deformities

Contusions

Abrasions

Penetration



Burns

Tenderness

Lacerations

Swelling

(Partner “THINK” FIX-IT)

Your partner’s FIX-IT at this point would possibly be control head bleeding

# Check the Neck

(DCAP /BTLS)

- Trachea deviation
  - Yes or no
- Jugular Vein Distention (JVD)?
  - Yes or no



If *YES*, “Think” chest trauma

(Partner “**THINK**” FIX-IT)

The FIX-IT here is when you apply C-collar

# Check the Chest

(DCAP / BTLS /

TIC-Tenderness, Instability, Crepitation)

- Breath sounds – 2 fields only
- Heart sounds

Your partner's FIX-IT here could  
be to fix the:

- Stab wound
- Flail chest
- Sucking chest wound



(Partner “THINK” FIX-IT)

Did you find a load & go?



# Check the Abdomen

(DCAP / BTLS)

- Is it tender?
- Is it distended?

Your partner (s) FIX-IT here would be:

Are the IV's ready?

Treat for SHOCK in route



(Partner “THINK” FIX-IT)

# Check the Pelvis

(DCAP /BTLS )

- Check the pubis

If unstable do not check again

Your partner's FIX-IT would be:

If unstable secure the pelvis and use scoop stretcher

Did you find a load & go?



(Partner “THINK” FIX-IT)



# Stabilize the Pelvis; FIX-IT Tools



With a Sheet



Styles of scoop stretchers



Sam Splint

# Check the Lower Extremities

(DCAP /BTLS )

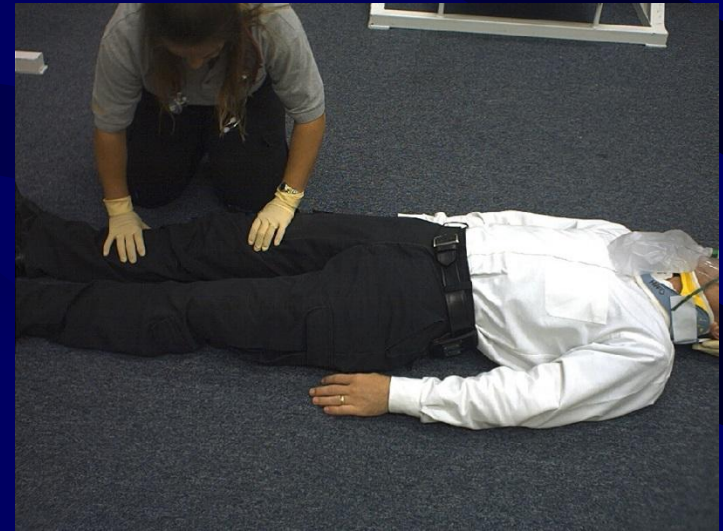
P.M.S. - (Pulse/ Motor/Sensory)

Bilateral femurs

- Load & go

Your partner's FIX-IT here may be:

Think traction splint and/or  
P.A.S.G. for stabilization

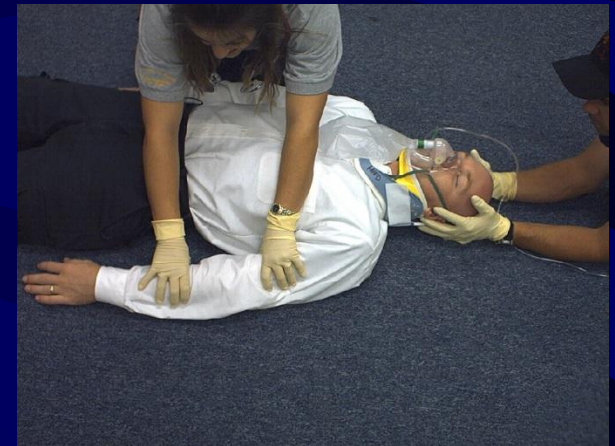


(Partner “THINK” FIX-IT)

# Check the Upper Extremities

(DCAP /BTLS )

P.M.S. (Pulse / Motor / Sensory)



(Partner “THINK” FIX-IT)

If any fractures, “Think FIX-IT” after you are in the ambulance.

# Move to Backboard

- Once pelvic is stabilized:
- Scoop
- Log roll stable pelvics only
- Check the back
- S.M.R.D.(Spinal Motion Restriction Device)



# Interventions / FIX-ITs That May Be Done On-Scene

- Initial airway management
- Oxygen/breathing assistance
- CPR
- Control major bleeding
- Seal sucking chest wounds
- Chest decompression

**All interventions could possibly be done by your partner during the team leader's assessment**



# Move to Ambulance



1<sup>st</sup> Thing Inside:

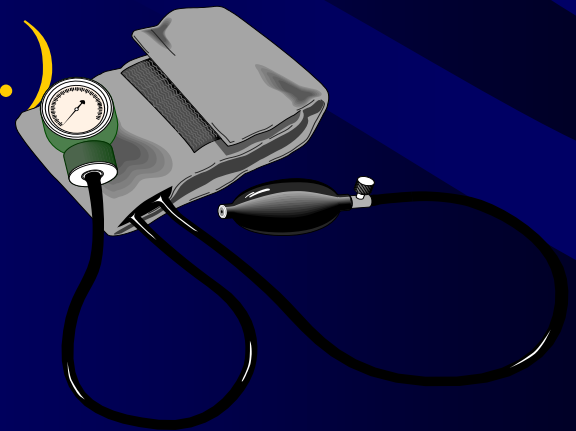
*Baseline*

Vital Signs

(Includes LOC, Airway, Breathing,  
Circulation)

(Consider P.A.S.G.)

(Consider D-Stick)



## 2<sup>nd</sup> Thing Inside:

# Sample History

- **S** ymptoms
- **A** llergies
- **M** edications
- **P** ast medical problems
- **L** ast oral intake
- **E** vents preceding the emergency





# Assign Duties To Other Team Members



- IV monitor

- Pulse ox

- Bandaging/splinting, etc.

# Secondary Survey

Begins in ambulance unless circumstances apply for instance, awaiting helicopter. Ect.






# Scenario Using the FIX-IT process



Practice, Practice, Practice

Remember, your patient is not  
your practice



The image shows three emergency medical technicians (EMTs) in uniform providing first aid to a patient lying on a yellow stretcher on a grassy field. One EMT is kneeling on the left, another is kneeling on the right, and a third is leaning over the patient from the back. They appear to be performing a procedure on the patient's back. The background shows a grassy area with some trees and a building in the distance.

*Remember:  
“Your Treatment of  
Your Patient is Only as  
Good as Your  
Assessment”.*

# Any Questions?

Thanks for being a great audience!

Leon Charpentier, EMT-P

Alexandra Charpentier, EMT-P