

ITSI PATIENT ASSESSMENT SCORESHEET

(Updated 09/19/2013)

Date _____ Candidate Name _____ # _____
Scenario # _____ Examiners 1. _____ 2. _____
Circle One: Practice Test Re-Test

1. Scene Size Up _____ Scene Safe _____ M.O.I. _____ # of Pts _____ Help/Equip. Needed _____ BSI _____

2. Initial Assessment

- _____ a. General Impression _____ Good _____ Bad
- _____ b. Stabilize the neck
- _____ c. LOC
- _____ d. Airway Patent _____ Yes _____ No
- _____ e. Breathing Rate and Quality _____ **Appropriate Airway Intervention/ FIX-IT(O2)**
- _____ f. Circulation Rate and Quality
- _____ g. Skin color and Condition
- _____ h. Control Bleeding

3. Decision

_____ **D-STICK**
 _____ **MEDICAL PATIENT TAGS**
 _____ **MED Patches Nitro/Pain**

4. Rapid Trauma Survey

OR

- _____ a. Head Trauma DCAP
 - _____ b. Neck Trauma Deformities, Contusions
 - _____ c. JVD Abrasions, Penetrations
 - _____ d. Trachea Mid-Line
 - _____ e. Chest BSs (2 fields only)
Heart Tones
 - _____ f. Abdomen
 - _____ g. Genitalia / Perineum / Sensis Pubis
 - _____ h. Pelvis BTLS
 - _____ i. Lower Ext./PMS Burns, Tenderness
 - _____ j. Upper Ext./PMS Lacerations, Swelling
 - _____ k. Check the Back TIC
 - _____ l. Move to Backboard Tenderness, Instability
5. Moved to Ambulance _____ Crepitus

4. Focused Exam

- _____ a. Injury Isolation and Treated
 - _____ b. Backboard
 - _____ c. Check the Back
 - _____ d. Ongoing Exam
- _____ **FIX-IT** Bandage 1. _____
- _____ **FIX-IT** C-Collar 2. _____
- _____ **FIX-IT** Decompression 3. _____
- _____ **FIX-IT** 2 LG Bore Ivs
- _____ **FIX-IT** Stabilization
- _____ **FIX-IT** Splinting
- _____ **FIX-IT** Splinting
- _____ **FIX-IT** Bandage

5. Moved to Ambulance

Secondary Survey

- _____ a. Vital Signs Airway, Breathing, Circulation
- _____ b. Sample HX
- _____ c. LOC
- _____ d. Head Pupils, Ears, Mouth
- _____ e. Neck JVD/Tracheal Mid-line
- _____ f. Chest BSs (4 fields)
- _____ g. Abdomen Heart Tones
- _____ h. Pelvic
- _____ i. Lower Ext. Lower/PMS
- _____ j. Upper Ext. Upper/PMS
- _____ k. Ongoing Exam Xs

START TIME: _____
 END TIME: _____
 RECOGNIZE LOAD AND GO TIME: _____

Critical Actions

- _____ Performed/Organized Rapid Trauma Survey
- _____ Performed/Organized Detailed Exam
- _____ Recognized Load and Go's
- _____ Any Action that may cause harm to the patient

COMMENTS

Ongoing Xs

- 1. _____
- 2. _____
- 3. _____

7. Completed Radio Report

EXAMINER RECOMMENDATION:

EXCELLENT

GOOD

ADEQUATE

INADEQUATE

(If the score is inadequate, notate in "comments" the reason why)