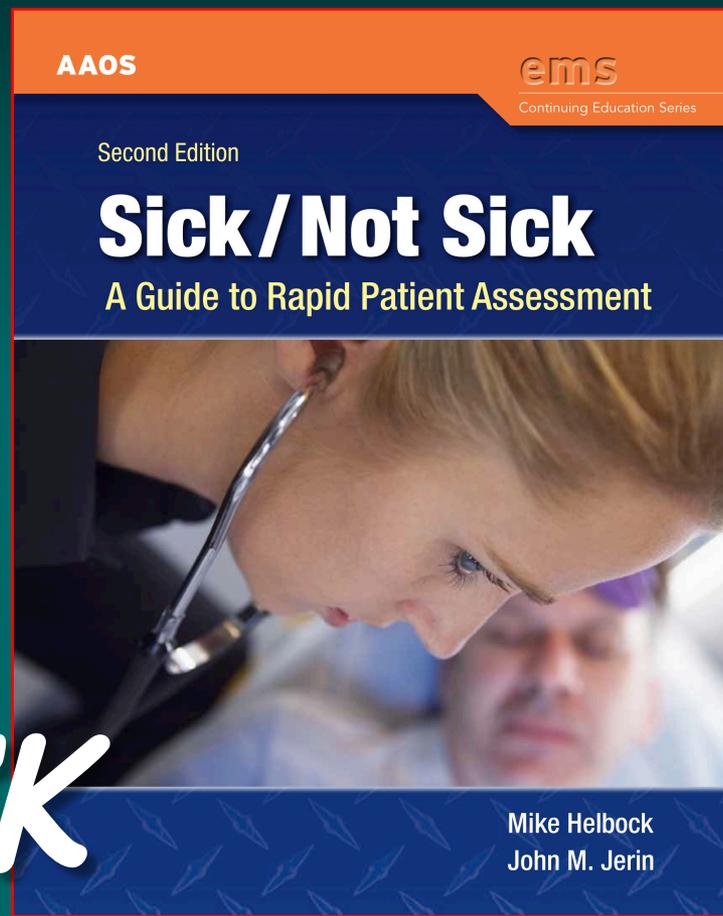


Developed and Authored by

Mike Helbock, M.I.C.P., NR-P, SEI
Director - EMS Associates
Clinical Educator – Prehospital Medicine
University of Washington School of Medicine
Division of Emergency Medicine
medicme@me.com
www.facebook.com/mike.helbock

SICK...
NOT SICK



Disclaimer

Mike Helbock

Developed and Authored the
Adult and Pediatric *Sick/Not Sick* Program

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SICK/NOT SICK...

What's it all
about?











Make a Decision!

SICK

NOT SICK



EMS Providers *must* do (2) things...

- Make decisions
- Treat patients
(based on the decision)



We must make a Decision!

The Decision

SICK

The *SICK* patient is one who you believe is physiologically unstable based on key clinical indicators

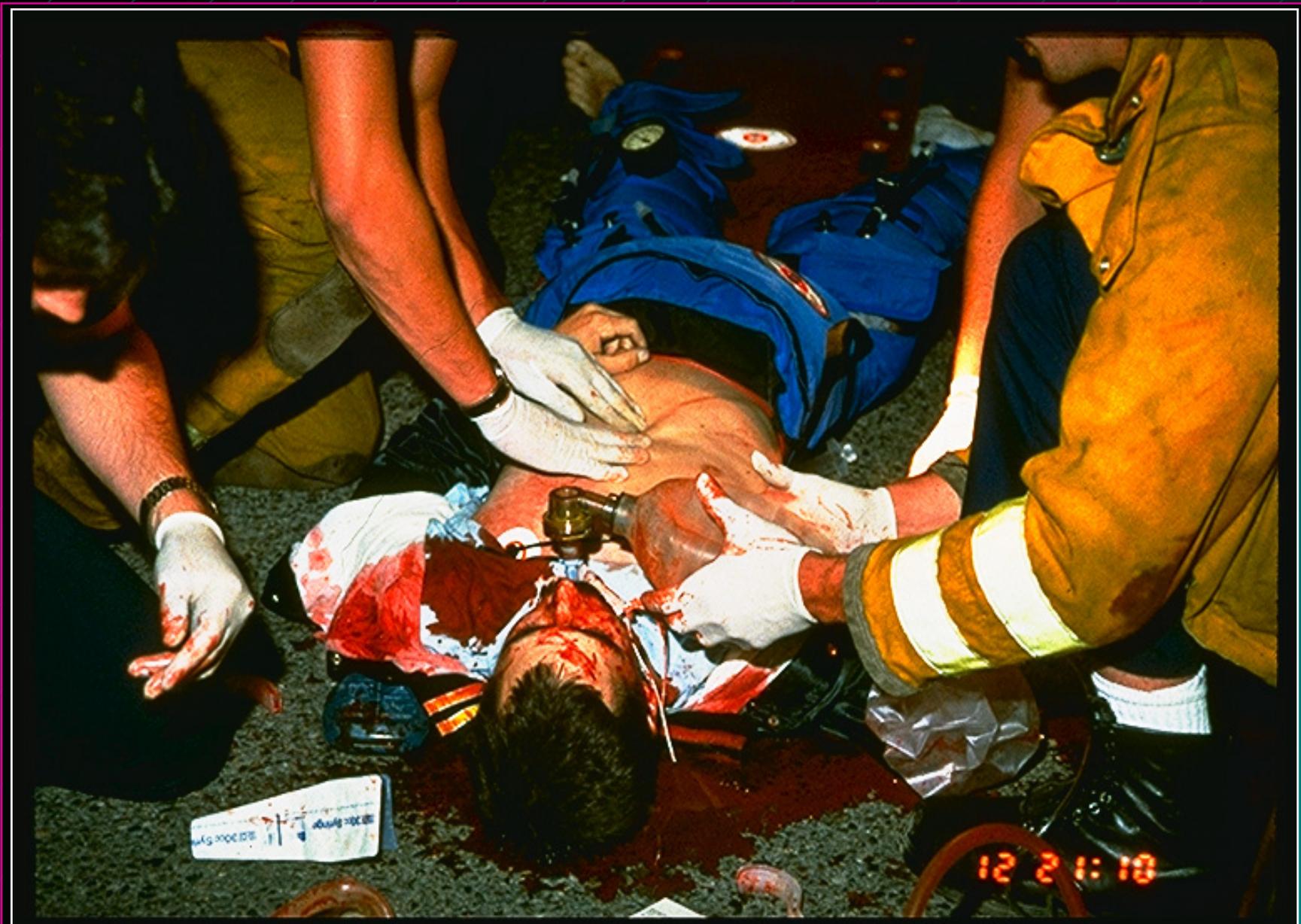
Who's SICK

- * Respiratory compromise
- * Hemodynamic compromise
- * Neurologically impaired
- * Obvious trauma/MOI
- * Skin signs/color (skin vitals)
- * Body position
- * Index of suspicion (IOS)...gut feel



SICK

This patient
could die en route!



NOT SICK

The *NOT SICK* patient is one who you believe is physiologically stable based on key clinical signs.



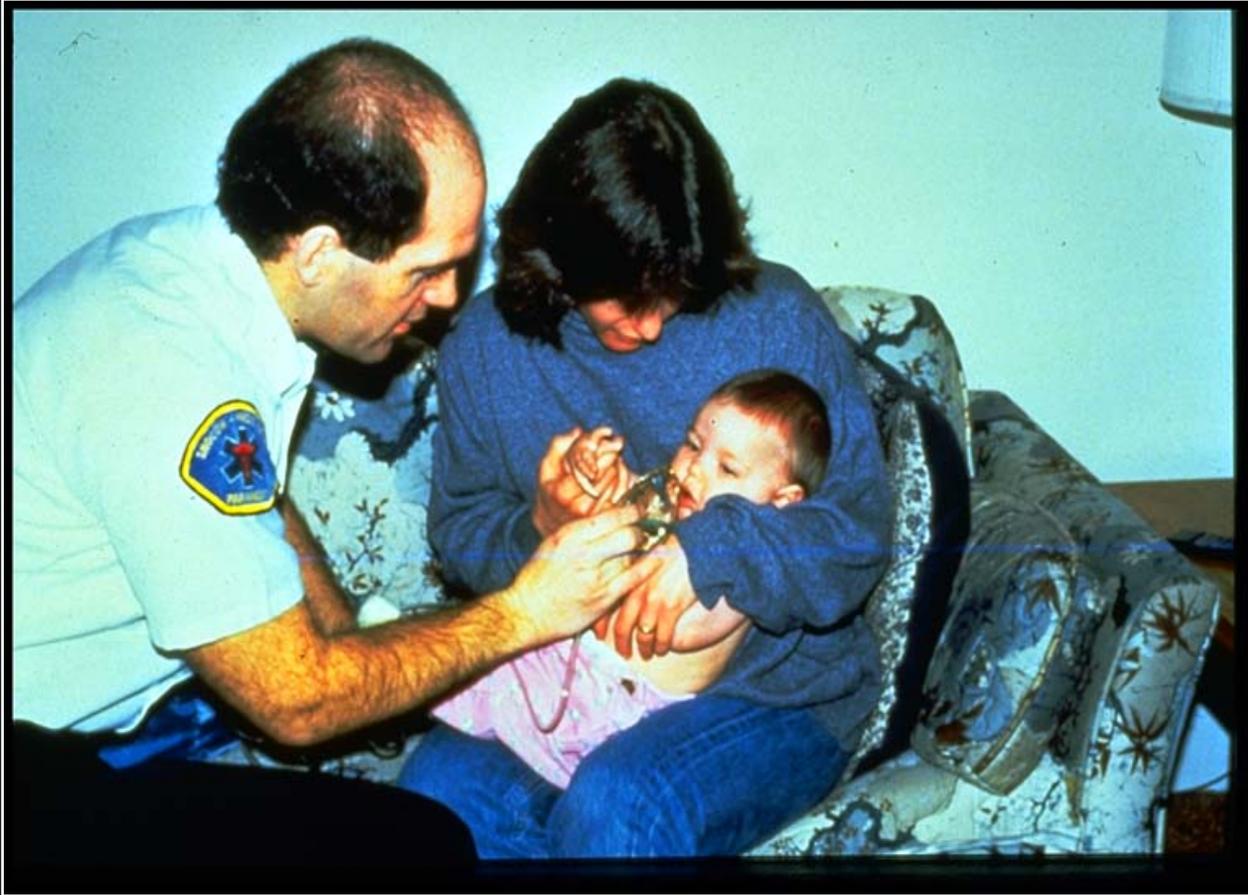
Who's NOT SICK

- *Respiratory status is stable
- *Hemodynamically stable
- *Neurologically stable
- *Appropriate skin signs/color
- *Position of comfort

NOT SICK

This patient will probably
not die en route!

The Treatment



*We treat - based on our
decision...!*

The Clinical Picture

(Medical)

Chief Complaint/N.O.I.

Respirations

Pulse

Mental Status

Skin Signs/Color

Body Position



The Clinical Picture

Make a Decision!

Chief Complaint/N.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Body Position



The Clinical Picture

SICK

DECIDE

NOT SICK

Chief Complaint/N.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Body Position



The Clinical Picture

SICK

DECIDE

NOT SICK

***Treat life-threatening conditions immediately**

Short Report to ALS

100% O2
NRM or BVM

History and
Baseline Vitals

Appropriate
Position

Rapid Transport/ALS

Full Set Vitals
Full Exam

Reassess

***SAMPLE history**

Low/Moderate
Flow O2

***Care for obvious/additional conditions as needed**

History and
Baseline Vitals

***SAMPLE history
*OPQRST**

Full Set Vitals
Full Exam

Appropriate
Treatment

Appropriate
Transport

Reassess

Short Report to ALS

Chief Complaint/N.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Body Position



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report to ALS

100% O2
NRM or BVM

History and
Baseline Vitals

Appropriate
Position

Rapid Trans-
Port/ALS

Full Set Vitals
Full Exam

Reassess



Low/Moderate
Flow O2

History and
Baseline Vitals

Full Set Vitals
Full Exam

Appropriate
Treatment

Appropriate
Transport

Reassess

***Treat life-threatening conditions immediately**

***SAMPLE history**

Short Report to ALS

***Care for obvious/additional conditions as needed**

***SAMPLE history
*OPQRST**

The Clinical Picture

Form the clinical picture within
60 seconds!

The Clinical Picture

(Trauma)

Chief Complaint/M.O.I.

Respirations

Pulse

Mental Status

Skin Signs/Color

Obvious Trauma



The Clinical Picture

Make a Decision!

Chief Complaint/M.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Obvious Trauma



The Clinical Picture

SICK

DECIDE

NOT SICK

Chief Complaint/M.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Obvious Trauma



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report to ALS

Rapid Extrication

History and Baseline Vitals

Immobilize Spine

Rapid Transport/ALS

Full Set Vitals Full Exam

Reassess

100% O2
NRM or BVM

Low/Moderate
Flow O2

Spinal
Stabilization

History and
Baseline Vitals

Extricate/
Immobilize

Full Set Vitals
Full Exam

Appropriate
Transport

Reassess



***Treat life-threatening conditions immediately**

***Rapid trauma assessment**
***SAMPLE history**

***Care for obvious/additional injuries as needed**

***Focused trauma assessment**
***SAMPLE history**

Chief Complaint/M.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Obvious Trauma



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report
to ALS

Rapid
Extrication

History and
Baseline Vitals

Immobilize
Spine

Rapid Trans-
port/ALS

Full Set Vitals
Full Exam

Reassess

100% O2
NRM or BVM

Low/Moderate
Flow O2

Spinal
Stabilization

History and
Baseline Vitals

Extricate/
Immobilize

Full Set Vitals
Full Exam

Appropriate
Transport

Reassess

*Treat life-threatening
Conditions immediately

*Rapid trauma assessment
*SAMPLE history

*Care for obvious/additional
Injuries as needed

*Focused trauma assessment
*SAMPLE history



Other Factors Affecting *SICK/NOT SICK*

- *Nature of Illness (NOI)
- *Mechanism of Injury (MOI)
- *Index of Suspicion (IOS)

*Always include these concerns in your plan!



Start your plan en route!

Consider (3) probable scenarios...
...which generate solutions



- * Entrapment...
- * Head injuries ...
- * Airway considerations ...
- * Multi-system trauma ...



SICK!



SICK

patients receive...

IMMEDIATE
BLS/ALS care

and rapid transport
to an appropriate
medical facility



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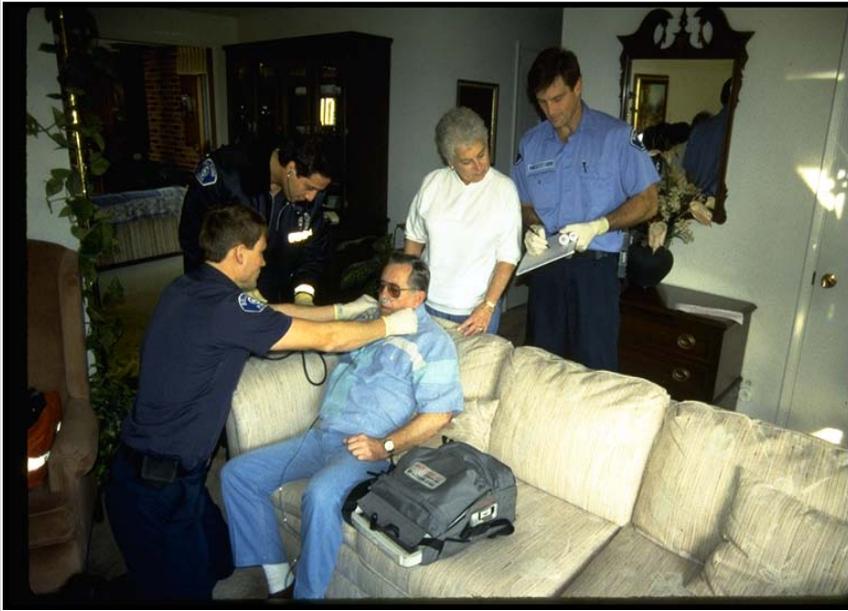
NOT SICK!

NOT SICK

patients receive:

"needed BLS care"
and transport
as determined
by the crew.

*NOTE: these pts can
change, so have the
next plan ready!!!*

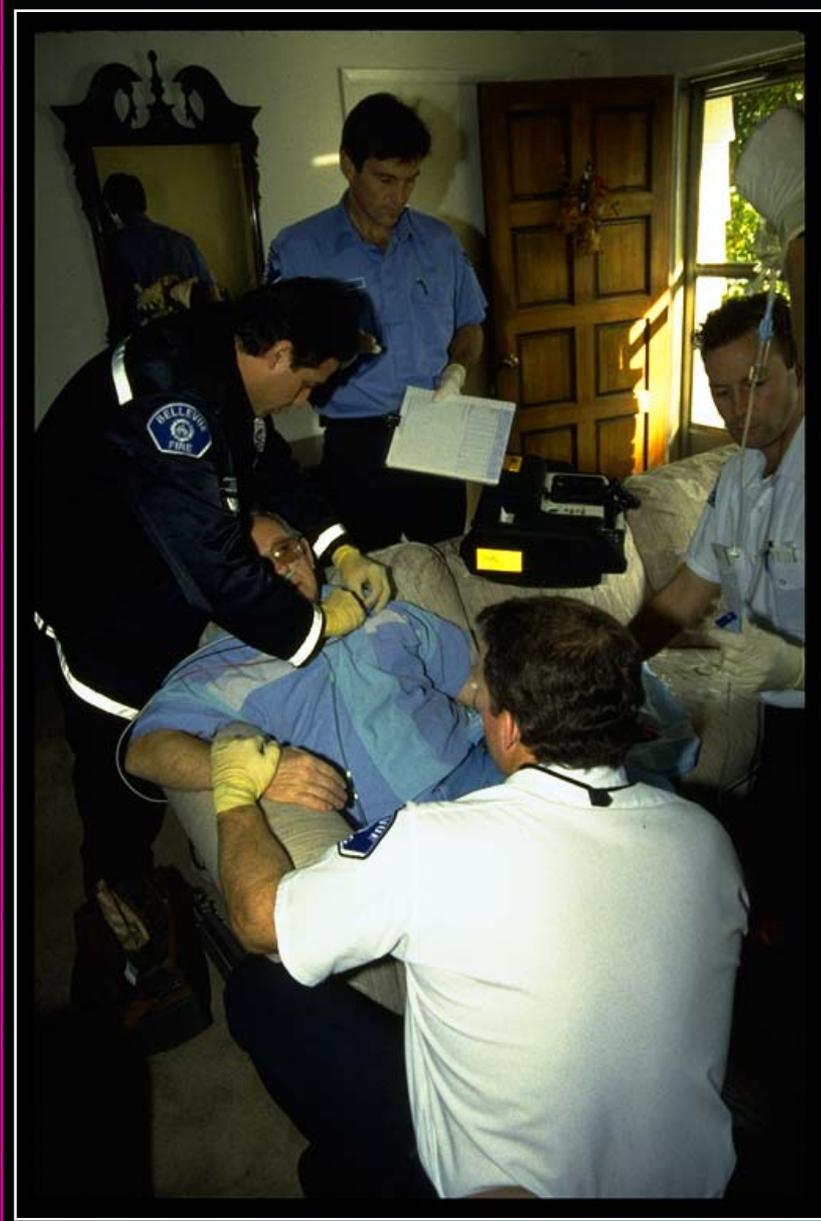


Patient Status Worsens

- * Vitals change
- * Cardiac symptoms appear
- * Acute respiratory distress
- * Seizures reappear
- * Neurologic status changes

NOT SICK

You can move the patient to the *SICK* category at anytime!





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Common Mistakes

- * Delaying the initial decision
- * Failing to respond to new info
- * Tunnel vision







Bus lands on apartments below Aurora Bridge; 2 dead, 33 hurt

Driver shot, bus plunges from bridge

By Laurence M. Cruz and Doug Esser
Associated Press

SEATTLE — A city bus with at least 35 people aboard plummeted off Seattle's Aurora Bridge yesterday afternoon and crashed into an apartment building below after the bus driver was shot by a passenger.

The wounded driver was thrown from the bus and killed, said police spokeswoman Christie Lynn Bonner. A second man, a passenger, died at Harborview Medical Center of a gunshot wound to the head, hospital spokeswoman Tina Mankowski said.

"Possibly this is our suspect, possibly it's another victim shot by the suspect," Bonner said.

The bus driver was identified as Mark F. McLaughlin, 44, of Lynnwood, said Jane Jorgensen of the King County Medical Examiner's Office.

All passengers aboard the Metro bus were taken to Harborview and six other area hospitals. Among them was believed to be the man police suspect shot the driver. One of the injured was listed in critical condition late last night; the rest were less seriously injured.

Injuries ranged from minor arm pain to at least one person with a broken neck and internal injuries.

No one on the ground or in the apartment building was injured.

Firefighters searched the area around and beneath the bus, but no other victims were reported.

A handgun was recovered from one of the injured people at Harborview, but police did not know whether it belonged to the shooter. Bonner said the handgun was not found with the man who died.

"They did find a firearm on somebody in the emergency room, but I don't believe it had been fired," Mankowski said.

The 60-foot articulated bus crashed through the guard rail at the north end of the bridge that crosses Seattle's Ship Canal. It fell about 50 feet, damaging part of the two-story apartment house's roof and coming to rest right side up in the yard outside the apartment house. Firefighters evacuated the building and checked it for possible victims.

The neighborhood below the bridge is one of Seattle's most popular residential, shopping and sight-seeing areas.

Judy Jurji, who lives across from the apartments, said an open-air tourist bus had driven down the street just seconds before the bus fell, stopping briefly to photograph the "Fremont Troll," a large concrete sculpture beneath the north footing of the bridge.

Firefighters work at the scene of a smashed Metro bus that sits against an apartment building after it crashed off Seattle's Aurora Avenue bridge.

Associated Press

See BUS, A6





When All Else Fails

*Treat what you know you have...
for sure!*

Don't forget the ABC's

SICK/NOT SICK

Case Studies

Case Study #1

32-year-old female complaining of abdominal pain and near syncope.

En route you and your partner discuss three probable injuries or scenarios:

- *ectopic pregnancy

- *flu

- *appendicitis

- You knock on the apartment door but no one answers. After knocking again a female voice yells from the back bedroom to let yourself in...you do so.
- You approach the patient who is lying supine in bed. You observe no obvious breathing difficulty. Her respiratory rate is 16 and non-labored. She has a strong radial pulse of 90.
- The patient appears conscious and alert, yet concerned. Her skin is slightly flushed, warm and dry.
- She complains of 2 to 3 days of abdominal pain with intermittent vomiting and normal fluid intake.



Abdominal pain and vomiting,
normal fluid intake

Flushed, warm
and dry

Supine

Chief Complaint/N.O.I.

Respirations

Pulse

Mental Status

Skin Signs/Color

Body Position

No difficulty,
rate 16

Strong pulse 90

Conscious and
alert

The Clinical Picture

SICK

DECIDE

NOT SICK

Chief Complaint/N.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Body Position



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report to ALS

100% O2
NRM or BVM

History and
Baseline Vitals

Appropriate
Position

Rapid Trans-
Port/ALS

Full Set Vitals
Full Exam

Reassess

Low/Moderate
Flow O2

History and
Baseline Vitals

Full Set Vitals
Full Exam

Appropriate
Treatment

Appropriate
Transport

Reassess

***Treat life-threatening conditions immediately**

***SAMPLE history**

***Care for obvious/additional conditions as needed**

***SAMPLE history
*OPQRST**



Case Study # 2

28-year-old female...apparent overdose

While en route you and your partner discuss three probable scenarios:

- *decreased respiratory drive/arrest
- *decreased LOC
- *presence of weapons

- The patient is lying on a couch at her boyfriend's house. The scene is secured by law enforcement when you arrive.
- You see a lethargic female whose skin is pale, cool and dry. Her respiratory rate is approximately 20 - 24 BPM. You hear no abnormal breath sounds and see no signs of respiratory distress.
- Her radial pulse is weak at 150.



Overdose

Rate 20-24
w/o distress

Chief Complaint/N.O.I.

Respirations

Pulse

Mental Status

Skin Signs/Color

Body Position

Weak radial
pulse of 150

Lethargic

Skin is pale,
cool and dry

Supine on couch

The Clinical Picture

SICK

DECIDE

NOT SICK

Chief Complaint/N.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Body Position



The Clinical Picture

SICK

DECIDE

NOT SICK

***Treat life-threatening conditions immediately**

Short Report to ALS

100% O2
NRM or BVM

History and
Baseline Vitals

Appropriate
Position

Rapid Transport/
ALS

Full Set Vitals
Full Exam

Reassess

***SAMPLE history**



Low/Moderate
Flow O2

***Care for obvious/additional conditions as needed**

History and
Baseline Vitals

***SAMPLE history
*OPQRST**

Full Set Vitals
Full Exam

Appropriate
Treatment

Appropriate
Transport

Reassess

Short Report to ALS

Mechanism of Injury

- * Height of fall
- * Type and size of vehicle
- * Damage sustained
- * Type and direction of forces
- * Type of weapon





Saving lives in trauma...

- * *Rapid* assessment
- * *Rapid* treatment
- * *Rapid* transport to a trauma center





**Rapid*
assessment

**Rapid*
treatment



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*Rapid transport to a trauma center

Make a Decision!

SICK

NOT SICK



Case Study # 3

The alarms sounds for a two-car MVI at the intersection of 1st and Main.

You and your partner discuss three probable injuries or scenarios:

- *multiple patients
- *extrication, backboarding/c-spine
- *potential need for additional help



- You approach the scene and see a two-car “T-bone” in the intersection. The driver of car #1 is out and uninjured...in fact, he refuses care! The driver of car #2 is a 42-year-old male, still belted in...minor mechanism of injury, little damage to either vehicle.
- The patient complains of jaw and neck pain. He has a laceration on his forehead that is bleeding moderately over his face. He is alert and oriented.
- His skin is slightly flushed, warm and dry. You see no obvious breathing difficulty. A strong radial pulse is present.



Jaw and neck pain
minor MOI

No distress

Chief Complaint/M.O.I.

Respirations

Pulse

Mental Status

Skin Signs/Color

Obvious Trauma

Strong radial
pulse

Alert

Flushed,
warm and dry

Laceration to
forehead



The Clinical Picture

SICK

DECIDE

NOT SICK

Chief Complaint/M.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Obvious Trauma



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report
to ALS

Rapid
Extrication

History and
Baseline Vitals

Immobilize
Spine

Rapid Trans-
port/ALS

Full Set Vitals
Full Exam

Reassess

100% O2
NRM or BVM

Low/Moderate
Flow O2

Spinal
Stabilization

History and
Baseline Vitals

Extricate/
Immobilize

Full Set Vitals
Full Exam

Appropriate
Transport

Reassess

*Treat life-threatening
Conditions immediately

*Rapid trauma assessment
*SAMPLE history

*Care for obvious/additional
Injuries as needed

*Focused trauma assessment
*SAMPLE history



Case Study #4

You are dispatched to the home of a man who was said to have fallen off a roof.

You discuss the call with your partner en route and come up with four probable scenarios:

- *C-spine/head injury
- *impaled objects
- *multiple fractures
- *underlying medical problems

- You arrive to find a 47-year-old male on the back patio attended by his wife. He is being propped up in a sitting position.
- You see a man in respiratory distress with a rate of about 30. He appears conscious, but tired. His skin is pale. There is a small laceration on his head. His hand is clutching the left anterior area of his chest. Blood is apparent from under his fingers.
- His radial pulse is rapid and weak. He complains of shortness of breath. The fall was confirmed to be about 15 feet.



15 foot fall onto patio



Obvious distress,
rate of 30

Weak radial
pulse

Conscious
but appears
tired

Pale

Minor head lac,
chest injury

SICK

DECIDE

NOT SICK

Chief Complaint/M.O.I.
Respirations
Pulse
Mental Status
Skin Signs/Color
Obvious Trauma



The Clinical Picture

SICK

DECIDE

NOT SICK

Short Report
to ALS

Rapid
Extrication

History and
Baseline Vitals

Immobilize
Spine

Rapid Trans-
port/ALS

Full Set Vitals
Full Exam

Reassess

100% O2
NRM or BVM

Low/Moderate
Flow O2

Spinal
Stabilization

History and
Baseline Vitals

Extricate/
Immobilize

Full Set Vitals
Full Exam

Appropriate
Transport

Reassess



***Treat life-threatening conditions immediately**

***Rapid trauma assessment**
***SAMPLE history**

***Care for obvious/additional injuries as needed**

***Focused trauma assessment**
***SAMPLE history**

Your patient *will not die* just because you can't diagnose the problem!

He or she *will die* if you don't provide

...**ABC's**



SICK!

NOT SICK!

You make the Decision!

SICK

NOT SICK





SICK!



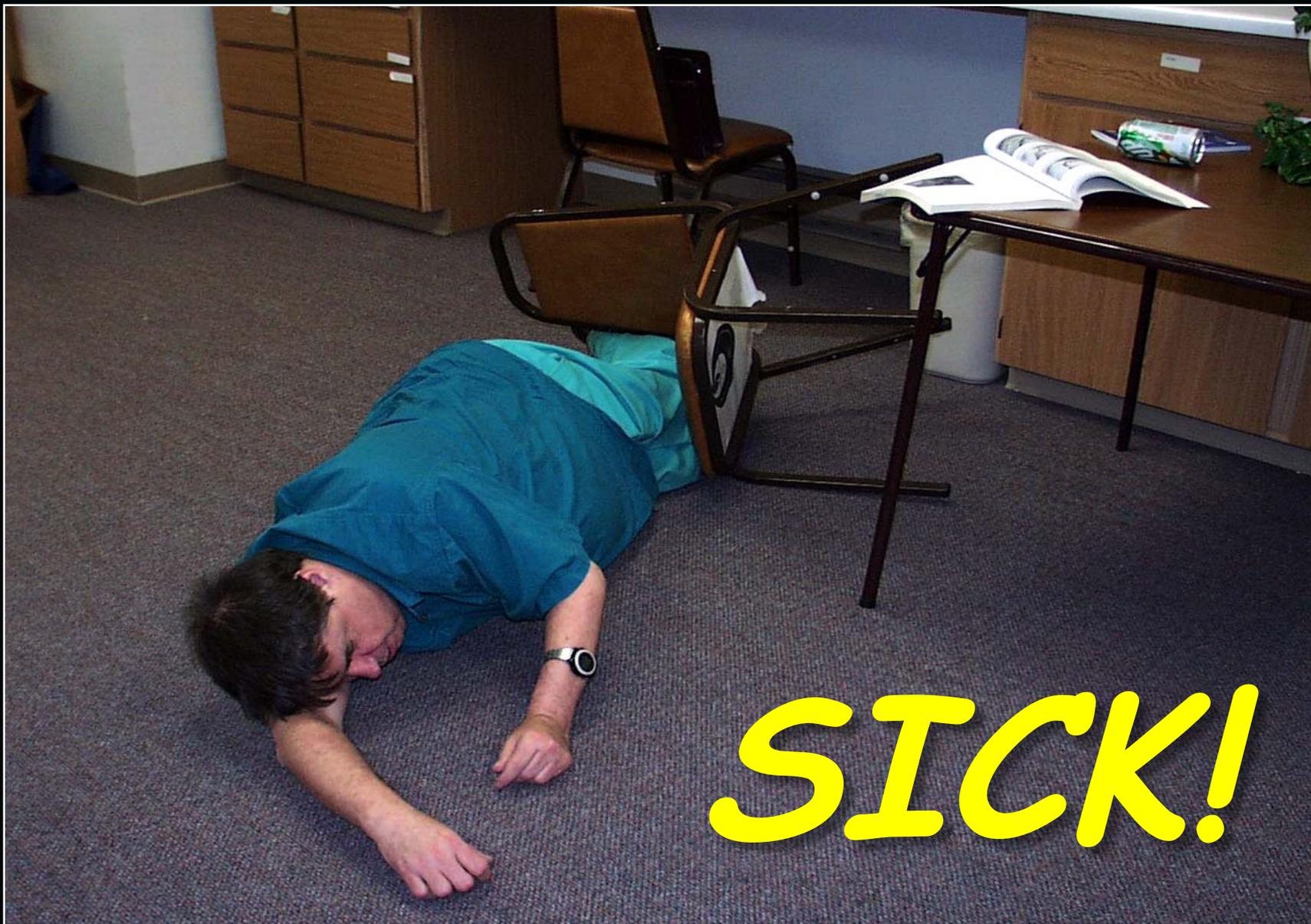
EMS Associates

**NOT
SICK!**





**NOT
SICK!**





**NOT
SICK!**









SICK!

SICK!



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Developed and Authored by

Mike Helbock, M.I.C.P., NR-P, SEI
Director - EMS Associates
Clinical Educator – Prehospital Medicine
University of Washington School of Medicine
Division of Emergency Medicine
medicme@me.com
www.facebook.com/mike.helbock

SICK...
NOT SICK

