

**MASTER SYLLABUS
EMS 1414
Patient Assessment
August, 2017**

INSTRUCTOR: NELSON/DENLEY
OFFICE HOURS: As posted
CLASS TIME(S)/SECTIONS: M-R 8A-4P

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Course Description: : This course will teach comprehensive history taking and physical exam techniques. (4 sch: 1-hr lecture, 6-hr lab)

Textbook(s) and Material(s): *Brady Paramedic Care: Principles and Practice- Volume 2 (2017)*

Student Learning Outcomes:

Upon completion of this course, the student will be able to do the following:

1. Apply and integrate comprehensive knowledge of anatomy, physiology, and pathophysiology related to patient assessment across the life span. (EMS2, EMS4, EMS5, EMS9)
2. Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression, utilizing the following components: (EMS2, EMS4, EMS5, EMS9) <ul style="list-style-type: none">• Scene size-up• Primary assessment• Vital signs• History taking• Secondary assessment• Monitoring devices• Reassessment a. Using the techniques of examination, demonstrate the assessment of a medical and trauma patient.
3. Apply and integrate complex depth and comprehensive breadth of scene management. (EMS9) <ul style="list-style-type: none">a. Recognize hazards/potential hazards.b. Describe common hazards found at the scene of a trauma and a medical patient.c. Determine hazards found at the scene of a medical or trauma patient.d. Differentiate safe from unsafe scenes.e. Describe methods to make an unsafe scene safe.f. Discuss common mechanisms of injury/nature of illness.

<ul style="list-style-type: none"> g. h. i. j. k. l. m. 	<ul style="list-style-type: none"> Predict patterns of injury based on mechanism of injury. Discuss the reason for identifying the total number of patients at the scene. Organize the management of a scene following size-up. Explain the reasons for identifying the need for additional help or assistance. Explain the rationale for crew members to evaluate scene safety prior to entering. Given visual scenarios, identify potential hazards. Demonstrate the scene size-up.
<p>4.</p> <ul style="list-style-type: none"> a. b. c. d. e. f. g. h. i. j. k. l. m. n. o. p. q. r. s. t. u. v. w. x. y. z. aa. bb. cc. dd. ee. 	<p>Apply and integrate complex depth and comprehensive breadth of primary assessment. (EMS9)</p> <ul style="list-style-type: none"> Summarize the reasons for forming a general impression of the patient. Discuss methods of assessing mental status. Categorize levels of consciousness in the adult, infant, and child. Differentiate between assessing the altered mental status in the adult, child, and infant patient. Discuss methods of assessing the airway in the adult, child, and infant patient. State reasons for management of the cervical spine once the patient has been determined to be a trauma patient. Analyze a scene to determine if spinal precautions are required. Describe methods used for assessing if a patient is breathing. Differentiate between a patient with adequate and inadequate minute ventilation. Distinguish between methods of assessing breathing in the adult, child, and infant patient. Compare the methods of providing airway care to the adult, child, and infant patient. Describe the methods used to locate and assess a pulse. Differentiate between locating and assessing a pulse in an adult, a child, and an infant patient. Discuss the need for assessing the patient for external bleeding. Describe normal and abnormal findings when assessing skin color. Describe normal and abnormal findings when assessing skin temperature. Describe normal and abnormal findings when assessing skin condition. Explain the reason for prioritizing a patient for care and transport. Identify patients who require expeditious transport. Describe the evaluation of a patient's perfusion status based on findings in the initial assessment. Integrate appropriate treatment and procedures. Describe and demonstrate the assessment of baseline vital signs. Explain the importance of forming a general impression of the patient. Explain the value of performing a primary assessment. Demonstrate a caring attitude when performing an initial assessment. Demonstrate the techniques for assessing mental status. Demonstrate the techniques for assessing the airway. Demonstrate the techniques for assessing if the patient is breathing. Demonstrate the techniques for assessing if the patient has a pulse. Demonstrate the techniques for assessing the patient for external bleeding. Demonstrate the techniques for assessing the patient's skin color, temperature, and

	condition.
ff.	Demonstrate the ability to prioritize patients.
5.	Apply and integrate complex depth and comprehensive breadth of history taking. ^(EMS9)
a.	Describe the techniques of history taking.
b.	Discuss the importance of using open-ended questions.
c.	Describe the use of facilitation, reflection, clarification, empathetic responses, confrontation, and interpretation.
d.	Differentiate among facilitation, reflection, clarification, sympathetic responses, confrontation, and interpretation.
e.	Describe the structure and purpose of a health history.
f.	Describe how to obtain a comprehensive health history.
g.	List the components of a comprehensive history of an adult patient.
h.	Demonstrate the importance of empathy when obtaining a health history.
i.	Demonstrate the importance of confidentiality when obtaining a health history.
6.	Apply and integrate complex depth and comprehensive breadth of secondary assessment. ^(EMS9)
a.	Define the terms inspection, palpation, percussion, and auscultation.
b.	Describe the techniques of inspection, palpation, percussion, and auscultation.
c.	Describe the evaluation of mental status.
d.	Evaluate the importance of a general survey.
e.	Describe the examination of skin, hair, and nails.
f.	Differentiate between normal and abnormal findings of the assessment of the skin.
g.	Describe the importance of abnormal findings of the assessment of the skin.
h.	Describe the examination of the head and neck.
i.	Differentiate between normal and abnormal findings of the scalp examination.
j.	Describe the normal and abnormal assessment findings of the skull.
k.	Describe the assessment of visual acuity.
l.	Explain the rationale for the use of an ophthalmoscope.
m.	Describe the examination of the eyes.
n.	Distinguish between normal and abnormal assessment findings of the eyes.
o.	Explain the rationale for the use of an otoscope.
p.	Describe the examination of the ears.
q.	Differentiate between normal and abnormal assessment findings of the ears.
r.	Describe the examination of the nose.
s.	Differentiate between normal and abnormal assessment findings of the nose.
t.	Describe the examination of the mouth and pharynx.
u.	Differentiate between normal and abnormal assessment findings of the mouth and pharynx.
v.	Describe the examination of the neck.
w.	Differentiate between normal and abnormal assessment findings of the neck.
x.	Describe the survey of the thorax and respiration.
y.	Describe the examination of the posterior chest.
z.	Describe percussion of the chest.
aa.	Differentiate among the percussion notes and their characteristics.
bb.	Differentiate among the characteristics of breath sounds.
cc.	Describe the examination of the anterior chest.

- dd. Differentiate between normal and abnormal assessment findings of the chest examination.
- ee. Describe special examination techniques related to the assessment of the chest.
- ff. Describe the examination of the arterial pulse including rate, rhythm, and amplitude.
- gg. Distinguish between normal and abnormal findings of arterial pulse.
- hh. Describe the assessment of jugular venous pressure and pulsations.
- ii. Distinguish between normal and abnormal examination findings of jugular venous pressure and pulsations.
- jj. Describe the examination of the heart and blood vessels.
- kk. Differentiate between normal and abnormal assessment findings of the heart and blood vessels.
- ll. Describe the auscultation of the heart.
- mm. Differentiate between the characteristics of normal and abnormal findings associated with the auscultation of the heart.
- nn. Describe special examination techniques of the cardiovascular examination.
- oo. Describe the examination of the abdomen.
- pp. Differentiate between normal and abnormal assessment findings of the abdomen.
- qq. Describe auscultation of the abdomen.
- rr. Distinguish between normal and abnormal findings of the auscultation of the abdomen.
- ss. Describe the examination of the female genitalia.
- tt. Differentiate between normal and abnormal assessment findings of the female genitalia.
- uu. Describe the examination of the male genitalia.
- vv. Differentiate between normal and abnormal findings of the male genitalia.
- aa. Describe the examination of the anus and rectum.
- bb. Distinguish between normal and abnormal findings of the anus and rectum.
- cc. Describe the examination of the peripheral vascular system.
- dd. Differentiate between normal and abnormal findings of the peripheral vascular system.
- aaa. Describe the examination of the musculoskeletal system.
- bbb. Differentiate between normal and abnormal findings of the musculoskeletal system.
- ccc. Describe the examination of the nervous system.
- ddd. Differentiate between normal and abnormal findings of the nervous system.
- eee. Describe the assessment of the cranial nerves.
- fff. Differentiate between normal and abnormal findings of the cranial nerves.
- ggg. Describe the general guidelines of recording examination information.
- hhh. Discuss the considerations of examination of an infant or child.
- iii. Demonstrate a caring attitude when performing physical examination skills.
- jjj. Discuss the importance of a professional appearance and demeanor when performing physical examination skills.
- kkk. Discuss the limitations of conducting a physical exam in the out-of-hospital environment.
- lll. Demonstrate the examination of skin, hair, and nails.
- mmm. Demonstrate the examination of the head and neck.

nnn.	Demonstrate the examination of the eyes.
ooo.	Demonstrate the examination of the ears.
ppp.	Demonstrate the assessment of visual acuity.
qqq.	Demonstrate the examination of the nose.
rrr.	Demonstrate the examination of the mouth and pharynx.
sss.	Demonstrate the examination of the neck.
ttt.	Demonstrate the examination of the thorax and ventilation.
uuu.	Demonstrate the examination of the posterior chest.
vvv.	Demonstrate auscultation of the chest.
www.	Demonstrate percussion of the chest.
xxx.	Demonstrate the examination of the anterior chest.
yyy.	Demonstrate special examination techniques related to the assessment of the chest.
zzz.	Demonstrate the examination of the arterial pulse including location, rate, rhythm, and amplitude.
aaaa.	Demonstrate the assessment of jugular venous pressure and pulsations.
bbbb.	Demonstrate the examination of the heart and blood vessels.
cccc.	Demonstrate special examination techniques of the cardiovascular examination.
dddd.	Demonstrate the examination of the abdomen.
eeee.	Demonstrate auscultation of the abdomen.
ffff.	Demonstrate the external visual examination of the female genitalia.
gggg.	Demonstrate the examination of the male genitalia.
hhhh.	Demonstrate the examination of the peripheral vascular system.
iiii.	Demonstrate the examination of the musculoskeletal system.
jjjj.	Demonstrate the examination of the nervous system.
7. Apply and integrate fundamental depth and foundational breadth in the use of monitoring devices. (EMS9, EMS10, EMS11, EMS12)	
a.	Explain the benefit of continuous ECG monitoring.
b.	Demonstrate the use of continuous ECG monitoring.
c.	Explain the benefit of 12 lead ECG interpretation.
d.	Demonstrate the use of 12 lead ECG interpretation.
e.	Explain the benefit of carbon dioxide monitoring.
f.	Demonstrate the use of carbon dioxide monitoring.
g.	Explain the benefit of obtaining basic blood chemistry
h.	Demonstrate obtaining basic blood chemistry.
i.	Interpret basic blood chemistry results.
j.	Interpret arterial blood gases.
8. Apply and integrate complex depth and comprehensive breadth of reassessment. (EMS9)	
a.	Discuss the reasons for repeating the primary assessment as part of the ongoing assessment.
b.	Describe orthostatic vital signs, and evaluate their usefulness in assessing a patient in shock.
c.	Apply the techniques of physical examination to the medical patient.
d.	Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment.
e.	Discuss the reasons for reconsidering the mechanism of injury.

<ul style="list-style-type: none"> f. g. h. i. j. k. l. m. n. o. 	<ul style="list-style-type: none"> Apply the techniques of physical examination to the trauma patient. Describe the components of the reassessment. Describe trending of assessment components. Discuss medical identification devices/systems. Demonstrate to others how patients' situations affect your evaluation of mechanism of injury or illness. Identify the feelings that patients with medical conditions might be experiencing. Explain the rationale for the feelings that these patients might be experiencing. Demonstrate a caring attitude when performing a physical examination. Recognize the feelings that patients might experience during assessment. Explain the value of trending assessment components to other health professionals who assume care of the patient.
9.	Demonstrate clinical decision making as it applies to patient assessment. (EMS9, EMS10, EMS11, EMS12) <ul style="list-style-type: none"> a. Differentiate between critical life-threatening, potentially life-threatening, and non-life-threatening patient presentations. b. Evaluate the benefits and shortfalls of protocols, standing orders, and patient care algorithms. c. Define the components, stages, and sequences of the critical-thinking process for paramedics. d. Apply the fundamental elements of critical thinking for paramedics. e. Describe the effects of the "fight or flight" response and the positive and negative effects on a paramedic's decision making.

Attendance:

Absence from Class for School Sanctioned Activities

The nature of the educational programs at Coahoma Community College is such that it is necessary for every student to attend class regularly. Instructors will keep accurate class attendance records, and those records will become part of the student's official record. Regular class attendance and punctuality are expected. All arrangements for completing missed work are to be made with the instructor. It is the student's responsibility to initiate these arrangements. *Excessive absences may result in loss of credit for the course concerned as well as loss of grant refunds and/or financial aid eligibility.* For more information, see the Attendance Policy section in the College Catalog.

Make-up Policy:

The student will be allowed one (1) makeup exam for any major exam missed in a given semester. No additional make-up exam shall be given beyond this.

Academic Dishonesty:

Cheating and plagiarism (the representation of someone else's work as your own, usually by directly copying or paraphrasing without a reference to the original source) will not be tolerated. The penalty will be receiving a (0) for that assignment, without any possibility of make-up work

or alternative assignments. Additionally, according to the Student Handbook, *such acts will be considered a severe infraction and carry a possible sanction of suspension in semester (s) length or expulsion.* For a more in-depth explanation of academic dishonesty, see the Student Handbook.

Electronic Devices in Class

The use of cellular phones, pagers, CD players, radios, and similar devices is prohibited in the classroom and laboratory facilities.

Non-Discrimination/Disability Policy:

Notice of Non-discrimination. Coahoma Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Michael Houston; Coordinator for Section 504/ADA, Title IX; Vivian M. Presley Administration Bldg, 3240 Friars Point Road; Clarksdale, MS 38614; Telephone # (662) 621-4853; Email: mhouston@coahomacc.edu

Accommodations for Students with Disabilities.

Disability Support Services Coordinator has established open hours when students, staff and faculty may drop in without an appointment. Appointments can be made by call (662) 621-4853 or by email to mhouston@coahomacc.edu

Michael Houston

Disability Support Services Coordinator
Vivian M. Presley Administration Building
(662) 621-4853
mhouston@coahomacc.edu

Instructional Techniques:

Instructors may use many different methods of instruction, to include power-point, video presentations, hands-on participation in the skills lab and any other training aid the instructor feels would benefit the student, given the material being presented at that time, provided there is no unnecessary exposure of the student to risk.

Method(s) of Evaluation:

Didactic and psychomotor examinations at regular intervals throughout each semester. Such evaluations will be a direct measurement of the students' level of retention of the material. *(Method(s) of evaluation must measure the student learning outcomes listed above.)*

Grade Scale:

Coahoma Community College changed from the 3.0 system to the 4.0 system effective, September, 1974. College students' academic progress is evaluated according to the following grading system.

Grading Scale for Paramedic		
Grade	Scale	Quality Points
A – Excellent	94-100	4.0
B – Good	87-93	3.0
C – Average	80-86	2.0
D – Poor	70-79	1.0
F - Failure	69 or below	0.0
I – Incomplete		0.0
W – Withdrawal		0.0
Z – Unassigned Grade		0.0
Failure to attain a course grade of “C” or 80% will prevent the student from progressing to the next scheduled semester in the Paramedic Program. 80% will be considered the “cut score” for all major assignments.		

To be in good academic standing, students are required to maintain a cumulative 2.0 average on the 4.0 system. Each grade reported as having been earned by the student at the end of a semester or summer term will be included in computing the cumulative grade point average. The student should observe that the grade “F” carries zero quality points and will be included in the computation. For more information on the Coahoma Community College Grade Scale, students should see the College Catalog.

COURSE OUTLINE
EMS 1414
Patient Assessment
August, 2017

CHAPTER	ASSIGNMENT	START DATE
1	Scene Size-Up	
2	Primary Assessment	
	Opportunity for test	
3	Therapeutic Communications	
4	History Taking	
	Integrative scenarios Use of S.A.M.P.L.E., active listening *Opportunity for test*	
5	Secondary Assessment	
	MID TERM EXAM	
6	Patient Monitoring Technology	
	“Putting it All Together”	
7	Patient Assessment in the Field	
	FINAL	

This outline is intended as a guideline for the course. The institution and the instructor reserve the right to make modifications in content, schedule, and requirements as necessary to enhance each student’s educational experience and student learning outcomes.