Scene Assessment

Primary Assessment (Figure two)

Immediate life threatening illness

Yes

Secondary Assessment

Immediate life threatening illness

Yes

Initiate life saving interventions on scene

Yes

Initiate stabilizing interventions on scene or en route

TRANSPORT

Continue stabilizing interventions en route

No

Limb threatening illness

No

Initiate treatment on scene or en route

TRANSPORT

Continue treatment en route

No

Potential for deterioration or time sensitive illness

Yes

Initiate stabilizing interventions on scene or en route

TRANSPORT

Continue stabilizing interventions en route

No

Continued life saving interventions en route

Yes

Immediate life threatening illness

Return to Primary Assessment as required
FIGURE TWO: PRIMARY ASSESSMENT

1. **Airway maintainable (+/- basic device)**
   - Yes → Oximetry
     - Supplemental oxygen
     - Ventilatory support
     - Consider capnometry *
   - No → Advanced airway procedure
     - Exclude tension pneumo

2. **Adequate ventilation & oxygenation**
   - Yes
   - No → Assess LOC
     - Assess pupils
     - Consider airway protection

3. **Adequate circulation**
   - Yes
   - No → Establish vascular access
     - Consider fluid admin
     - Exclude tension pneumo

4. **Assess LOC**
   - Assess pupils
     - Consider capnometry *
     - Exclude hypoglycemia
     - Complete vital signs
     - Appropriate exposure
     - Prevent hypothermia

5. **ECG monitor**
   - Consider IV access
     - Prevent hypothermia

6. **Immediate life threatening illness**
   - No → Secondary Assessment
   - Yes → Initiate life saving interventions

7. **Responsive**
   - No → Pulse
     - Yes
     - No → RESUSCITATION
     - Yes
**INDICATIONS:**

- This is the common entry point for all medical (non-trauma) patients into the Patient Care Maps.

**NOTES:**

- EMS providers require the appropriate delegations to perform any *reserved acts* (ie. perform procedures or administer medications) in all Patient Care Maps.
- Standard scene assessment includes personal, patient and public safety; the need for activating other agencies or services; and the need for additional resources, including advanced life support (ALS) intercept.
- EMS personnel must utilize personal protective equipment (PPE) and follow appropriate bodily substance isolation (BSI) procedures at all times.
- In the event of cardiopulmonary arrest, providers with emergency (basic) and primary care delegations will initiate resuscitation as per **C01 BASIC RESUSCITATION**. Providers with the intermediate care delegations and above will conduct resuscitation as per the age-appropriate **C02 ADVANCED RESUSCITATION** care map.
- The primary assessment must be conducted efficiently and systematically. Steps may be performed sequentially or concurrently, depending upon the patient’s clinical condition and available on-scene personnel.
- The secondary assessment includes an appropriate history, collateral information, details of the incident, and a relevant physical examination. The examination may be generalized or focused depending upon the chief complaint(s) and the patient’s clinical condition.
- If any immediate life threatening condition(s) is/are identified or suspected, life saving interventions must be immediately initiated and emergent transport undertaken. These should be resolved or stabilized when encountered before resuming assessments. With adequate on-scene personnel, assessment and management of life threats may occur simultaneously.
- If no life threatening condition(s) is/are identified or suspected the secondary assessment may be conducted on scene or en route as per **A04 TRANSPORT**.
- On-scene time should be kept as short as possible. Every effort should be made to minimize the potential for deterioration while en route. Further important but non life saving interventions may be performed en route as resources and the patient’s condition allow.
- Non-life or limb threatening condition(s) may be managed on scene as the patient’s condition allows. All efforts should be made to minimize the need for initiating unnecessary interventions while en route.
- The treatments of specific medical conditions are addressed in the various patient care maps.
- The complexity of monitoring and frequency of reassessment(s) will depend on the patient’s condition and stability, transport time, and the competencies and delegations of the treating personnel.
- Transport to destination as indicated by Provincial or Regional directive. In the absence of specific directive transport to closest facility.
- Consider appropriate positioning for pregnant patients beyond 20 weeks gestation to prevent supine hypotensive phenomenon.