

Initiated: 9/92
Reviewed/revise: 7/1/11
Revision: 2

**MILWAUKEE COUNTY EMS
STANDARD OF CARE
ASSESSMENT PARAMETERS**

Approved by: Ronald Pirrallo, MD, MHSA
Page 1 of 1

Assessment	Likely History	Usual Signs/Symptoms	NOTES:
Respiratory Problem	Asthma COPD Chronic bronchitis Recent respiratory infection CHF	Difficulty breathing Increased or decreased respiratory rate Increased or decreased respiratory effort Abnormal breath sounds; retractions, nasal flaring Grunting, stridor, drooling, pursed lip breathing Short word strings	Lung/breath sounds are described and documented as clear, wet, decreased, absent, wheeze, or congested Respiratory effort is described and documented as normal, increased effort, decreased effort, or absent.
Cardiac Problem	MI Arrhythmia CHF CVA/TIA Hypertension	Chest pain with or without associated symptoms Absent or muffled heart tones Weak, irregular, or absent pulses Hypertension or hypotension Abnormal single or 12 lead ECG Prolonged capillary refill time; jugular vein distention Abnormal skin temperature or color Dehydration or edema	Heart tones are described and documented as present, absent, or muffled. Pulses are described and documented as full, weak, regular, irregular, or absent. Blood pressures should be auscultated whenever possible, palpated only when necessary. Skin temperature is described and documented as normal, hot, cool, diaphoretic, pale, flushed, cyanotic, jaundiced, or dehydrated. Pitting edema is the presence of a "pit" still visible after a finger is removed from an indentation made with that finger into the tissue. Note any cardiac medications the patient may be taking to help establish history.
Neurologic Problem	CVA/TIA Diabetic complications Recent trauma Coma	Altered level of consciousness Disoriented Inability to follow commands Pupils unequal, unreactive, pinpoint or dilated Paralysis, numbness, weakness, or absence of peripheral circulation, sensation or movement	Consider ALS transport to the Trauma center for any patient with any of the above symptoms due to traumatic injury.
Musculo-Skeletal Problem	Recent trauma Arthritis Chronic back pain Spinal/disc problems Recent surgery	Pain Decreased range of motion Paralysis, numbness, weakness or absence of peripheral circulation, sensation or movement change in normal tissue color or temperature Deformity, crepitus, soft tissue injury Swelling	Patients with two or more long bone (humerus, femur) fractures require ALS transport to the Trauma Center.
Abdominal problem	Ulcers Obstruction Recent surgery Renal disease Liver disease Pancreatic disease	Pain Nausea, vomiting, fever Change in elimination patterns Guarding, rigidity Hematemesis, melena Distention	
Gynecologic problem	Previous surgery Gynecologic problems/infection Pregnancies - live births/complications Last menstrual period	Pain Vaginal bleeding, discharge	
Labor Pre-eclampsia Toxemia	Pregnancies Prenatal care Toxemia Ectopic pregnancy Abortion - spontaneous/induced Last menstrual period	Pain/cramping Ruptured membranes Crowning Vaginal bleeding Hypertension with or without seizures	Patients experiencing complicated childbirth with any of the following must be transported by ALS: excessive bleeding, amniotic fluid contaminated by fecal material, multiple births, premature imminent delivery, abnormal fetal presentation (breech), prolapsed umbilical cord, newborn with a pulse less than 140, flaccid newborn or with a poor cry.