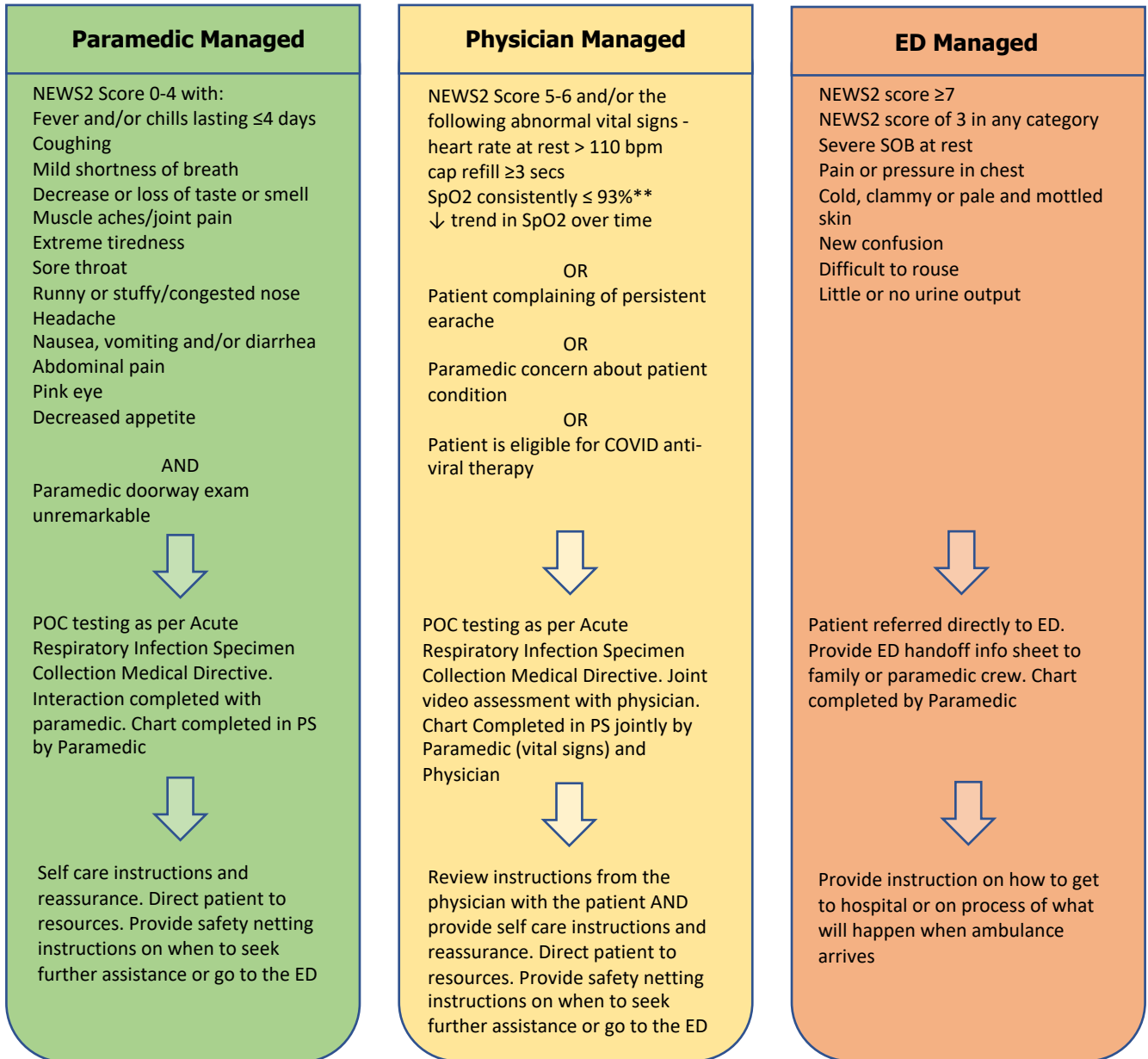


## Paramedic Assessment

All patients are assessed for LOA, HR, RR, SpO<sub>2</sub>, BP, Temp, Cap refill - calculate the [NEWS2 Score](#)\*. The paramedic determines whether the patient continues to be managed by the paramedic, undertakes a video consult for physician management or gets referred immediately to the Emergency Department. The following criteria determines the patient management pathway.



\* See [NEWS2 Score](#) on MDCalc or reference attached chart

\*\*OR COPD patients on oxygen requiring more O<sub>2</sub> to maintain their normal SpO<sub>2</sub>

# Patient Encounter Flow

Explain to patient:

- ✓ Paramedic will conduct the assessment
- ✓ A physician may be consulted
- ✓ Your questions will be answered and you'll have a solid plan before you leave

Chart in real-time using the new Paramedic Assessment form. As the paramedic gathers info the admin fills in the form. If a Joint Video Assessment is indicated the physician can review the case before meeting the patient.

## Greet patient/family

Paramedic or Admin explains process and asks patient to remove outerwear/boots and step on scale. Direct pt to assessment area.



## Paramedic Assessment

Admin records findings while paramedic conducts assessment: Vital signs, HPI, CC, general impression, systems review, focused assessment as required



## Management Decision

Send patient to ED, consult with physician, paramedic completes encounter



### Paramedic Managed

Self care instructions and reassurance. Direct patient to resources. Provide safety netting instructions on when to seek further assistance or go to the ED

### Physician Managed

Update chart with paramedic assessment prior to video consult. Present patient to physician. Provide case summary and reason for consult. Use SBAR BH patch format.

### ED Managed

Patient referred directly to ED. Admin to call 911. Paramedic to complete ED handoff info sheet and give to transporting paramedic crew.

## Paramedic Assessment PS Form

Vital Signs: height, weight, BMI, HR, RR, SpO2, temp, BP

NEWS2 Score: \_\_\_\_\_

### Subjective

History of presenting illness (onset/duration), Chief Complaint, Trajectory (improving/worsening), home treatments (has anything helped) - 1-2 brief sentences

### Objective

#### General impression

Patient appears:  well  mild distress  unwell  lethargic  SOB  working to breath  Other \_\_\_\_\_

#### Systems Review

Headache  Coryza  Cough  Sore throat  Dry membranes  Earache  Fever/chills  SOB/dyspnea  Vomiting  
 Diarrhea  reduced fluid intake  reduced urine output  cap refill  rash  Other \_\_\_\_\_

Multisystem involvement suggestive of mild viral illness  Symptoms of [multisystem inflammatory syndrome](#)

#### Focused Assessment

##### Chest/Lungs

Equal chest rise  accessory muscle use  retractions

Right:  Clear, good a/e  reduced a/e  wheezes  crackles  unable to auscultate  Other \_\_\_\_\_

Left:  Clear, good a/e  reduced a/e  wheezes  crackles  unable to auscultate  Other \_\_\_\_\_

##### Ears

Right:  mastoid tenderness; EAC  normal  abnormal  unable to visualize; TM  normal  abnormal  unable to visualize  Other \_\_\_\_\_

Left:  mastoid tenderness; EAC  normal  abnormal  unable to visualize; TM  normal  abnormal  unable to visualize  Other \_\_\_\_\_

##### Throat

No complaints  mild discomfort  pain with swallowing  Pharyngeal and tonsillar erythema  Tonsillar hypertrophy  
 Tonsillar exudates  Palatal petechiae  Anterior cervical lymphadenopathy  Other \_\_\_\_\_

Other focused assessment results: \_\_\_\_\_

### Assessment

#### ED Managed

Patient requires assessment and management at an emergency department

#### Physician Managed (indicate which of the following criteria applies)

3-6 months old  Abnormal vitals signs for age  Cap refill  $\geq 2$  secs  Parental concern  Fever  $\geq 4$  days  Underlying chronic disease  Patient complaining of persistent earache  Paramedic concern about patient condition

#### Paramedic Managed

Uncomplicated viral illness suspected

### Plan

- Referred to emergency department – ED Handoff form completed
- Care plan developed as per physician consult (documented by physician)
- Reassurance provided; questions answered to patient/family satisfaction
- Self-care handouts provided, safety netting instructions provided

## NEWS2 Score for Adult Triage

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO <sub>2</sub> Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO <sub>2</sub> Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

### Notes:

- SpO<sub>2</sub> Scale 2: used for patient diagnosed with COPD and with a prescribed oxygen saturation requirement of 88–92%. For patients with COPD without a history or evidence of hypercapnic respiratory failure Scale 1 should be used. If unsure use Scale 1.
- Consciousness: patients presentation with new-onset confusion, disorientation and/or agitation may be subtle. The patient may respond to questions coherently, but there is some confusion, disorientation and/or agitation. This would score 3 or 4 on the GCS (rather than the normal 5 for verbal response), and scores 3 on the NEWS system.
- Air or Oxygen: anyone on supplemental O<sub>2</sub> gets 2 points

### National Early Warning Score 2 (NEWS2)

NEWS is a tool developed by the [Royal College of Physicians](#) in the UK which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. It has been implemented throughout the UK NHS. BCEHS uses this tool as part of standard practice here in Canada.

RCVTAC advocates the use of the National Early Warning Score 2 (NEWS2) to identify patients at risk of rapid deterioration. NEWS2 scores should be obtained on all adult patients and used to guide clinical decision-making.

NEWS2 is not intended to replace sound clinical judgment. Its purpose is to alert practitioners to the risk of sudden deterioration and to help identify those patients who require more aggressive monitoring, treatment, and advocacy. This is particularly valuable in the context of infectious diseases and suspected sepsis.