
Supine position

face up

Prone position

face down

Right lateral recumbent
position

Laying on right side

Left lateral recumbent
position

Laying on left side

Fowler's position

45 degree angle

Trendelenburg position

feet elevated higher
than head

Shock position

feet elevated 12 inches
higher than head

P-PRBSP (baseline
vitals) 1st

Pulse

R-PRBSP (baseline
vitals)

Respirations

B-PRBSP (baseline
vitals)

Blood Pressure

S-PRBSP (baseline
vitals)

Skin

P-PRBSP (baseline
vitals) 2nd

Pupils

Normal Breathing Rate
(adult)

12-20 respirations per
minute

Normal Breathing Rate
(child)

15-30 respirations per
minute

Normal Breathing Rate
(infant)

25-50 respirations per
minute

Normal Breathing Rate
(newborn)

30-60 respirations per
minute

S-SAMPLE History

Signs and Symptoms

A-SAMPLE History

Allergies

M-SAMPLE History

Medications

P-SAMPLE History

Pertinent Past History

L-SAMPLE History

Last Oral Intake

E-SAMPLE History

Events Leading to the injury or illness

Hypoxia

Inadequate amount of oxygen delivered to cells

Cyanosis

Bluish-gray color, is a late sign of hypoxia and may be found in several areas of the body

Stridor

harsh, high-pitched
sound heard during
inspiration

MOI

Mechanism of Injury

SOB

Shortness of Breath

A-ABC

Airway

B-ABC

Breathing

C-ABC

Circulation

A-AVPU

Alert

V-AVPU

Verbal Stimulus

P-AVPU

Painful Stimulus

U-AVPU

Unresponsive

Emergency Care for
vomiting

Suction

Emergency Care for
open wound to the
anterior, lateral, or
posterior chest

occlusive dressing

Emergency Care for
Paradoxical Movement
of the Chest

BVM

Emergency Care for
Major Bleeding

direct pressure

Emergency Care for pt.
with altered mental
status

high flow oxygen

Emergency Care for pt.
who is snoring

head-tilt chin-lift

Emergency Care for
inadequate respiratory
rate

PPV with supplemental
oxygen

Emergency Care for
inadequate tidal volume

PPV with supplemental
oxygen

Emergency Care for
rapid and weak pulses

NRBM at 15 LPM

Emergency Care for
pale, cool, clammy skin

NRB at 15 LPM

Emergency Care for
capillary refill longer
than 2 seconds

NRBM at 15 LPM

Emergency Care for
absent carotid pulse

CPR

O-OPQRST

Onset

P-OPQRST

Provokes

Q-OPQRST

Quality

R-OPQRST

Radiation

S-OPQRST

Severity

T-OPQRST

Time

How do you obtain
ONSET?

When and how did
symptom begin?
(current condition)

How do you obtain
PROVOCATION?

What makes the
symptom worse? What
makes it better?

How do you obtain
QUALITY?

How would you
describe the pain?

How do you obtain
RADIATION?

Where do you feel the
pain? Where does it
radiate?

How do you obtain
SEVERITY?

From 0-10 how bad is
the pain?

How do you obtain
TIME?

How long have you had
the symptom? (could be
days, weeks, months)

Apnea

absence of breathing

Aspiration

Breathing a foreign
substance into the lungs

CSF

Cerebrospinal fluid

Dyspnea

Shortness of Breath

Occluded

closed or blocked

Aspirin

blood thinner

Epinephrine

bronchodilator,
vasoconstrictor

Oral Glucose

sugar administered
orally

Activated Charcoal

absorbs injected
poisons

Pallor

Pale skin

What was the Department of Government that was charged for developing EMS?

DOT

You are dispatched to a rock climber injured on a very steep hillside. Knowing that you are not trained in this type of rescue, you should?

Wait for a trained rescue crew

On call you notice that all the family members, including the dog have similar signs of disorientation, you should suspect...

The environment to be toxic

During initial assessment a life threatening injury is found, you should...

treat immediately

D-DCAPBTLS

Deformities

C-DCAPBTLS

Contusions

A-DCAPBTLS

Abrasions

P-DCAPBTLS

Punctures

B-DCAPBTLS

Burns

T-DCAPBTLS

Tenderness

L-DCAPBTLS

Lacerations

S-DCAPBTLS

Swelling

Anaphylaxis

Severe allergic reaction

Battle Signs

discoloration of
mastoids

Cardiac Arrest

No pulse, no breathing,
unresponsive

Dermis

second layer of skin

Dura Mater

outer layer of brain
tissue

Ecchymosis

black and blue
discoloration

Edema

Swelling

Femur

thigh bone

French Catheter

Soft Catheter

Hematoma

closed injury under the skin caused by a mass of blood beneath the epidermis

Hemoptysis

coughing up blood

Hypopnea

inadequate tidal volume

Dx

chief complaint

Duration x

Onset

Hx

medical history

T/O

Time out

10-1

receiving poorly

10-2

receiving well

10-4

message received and
understood

10-7

out of service

10-9

repeat

10-21

call the station by
telephone

10-97

arrived at scene

Dyspnea

Difficulty Breathing

Tachypnea

rapid respiratory rate

Apnea

absense of breathing

Pleura

lining around lungs

Thorax

chest

Pericardium

lining around heart

Myocardium

heart muscle

Myocardial Infarction

heart attack

Pericarditis

inflammation of lining
of heart

Angina

chest pain

Where does de-oxygenated blood start?

Right Atrium

What is Ketoacidosis?

high blood sugar, inadequate amount of insulin. Cells are burning fat for energy (ketones). As the cells burn more fat, acid levels in the body begin to increase to dangerous levels (acidosis)

What are signs/symptoms of Ketoacidosis?

excessive urination, excessive hunger, excessive thirst, kussmaul respirations, fruity breath, altered mental status

What is another name
for Peroxide?

Betadine

What is epiglottitis?

.

What is emphysema?

.

What is a Subdural
Hematoma?

.

What does frostbite do to the cells in your body?

Ice crystals damage the cell membranes

does heroine dialate or constrict pupils?

Dialates

When Coral snakes bite, do they chew the skin?

True

What is a greenstick fracture?

.

Do you administer high flow or low flow oxygen for chronic bronchitis patients?

.

How many LPM of oxygen would you administer to pt's with emphysema?

.

How much oxygen would you administer to patients with asthma?

4-6 LPM humidified oxygen

What would you be concerned about, if a pt. had a gunshot wound to the back?

Tenderness to the spine

What is the most abused drug?

Alcohol

A pt. just swallowed a handful of pills.
Transport, Ipecac, or Activated Charcoal?

Transport

Your driving in fog,
high beams or low beams?

low beams

True or false, It is possible to cut off an infants airway by over extending the neck?

True

What is valium?

.

True or False, on an Evisceration you use a moist sterile dressing to cover the wound?

True

What is Diabetic Coma?

severe diabetic hypoglycemia

Your unit is on the scene of a 19-year-old female who may have taken an overdose of pain medications. You are conducting the initial assessment and would like to assist her breathing with bag mask ventilation. Actions you take to correct problems you find are called:

interventions

Which of the following would be reassessed in the ongoing assessment of a patient with a closed fractured leg?

CSM

The EMT-Basic is assisting a patient with chest pain to take his own nitroglycerin. If the patient continues to experience no relief after one dose, the EMT-Basic should:

obtain medical direction to administer a second dose

The reason EMT-Basics do an ongoing assessment on all patients is to:

identify changes in the patient's condition

En route to the hospital, you take additional sets of vital signs on a conscious medical patient and compare them to the first set that you previously obtained. This skill is called:

trending

When conducting an ongoing assessment on a patient en route to the hospital, when reassessing _____ the EMT-Basic should determine if a pressure bandage, cold, or elevation is needed.

bleeding control

When reassessing the circulation of a young child, the EMT-Basic should not forget to check the:

capillary refill

A patient with chest pain or pressure associated with cardiac compromise will frequently experience difficulty breathing, which is called:

dyspnea

A build-up of fatty deposits on the inner walls of the arteries is called:

atherosclerosis

A condition in which the artery walls become hard and stiff due to calcium deposits is called:

arteriosclerosis
