

Patient Assessment

Current Scores & Indexes

Asthma severity scale
Cincinnati Stroke Scale

Apgar Scoring Chart				
Sign	0	1	2	Total
Heart Rate	Absent	Slow (<100)	Over 100	
Respiratory Effort	Absent	Slow, irregular	Good Crying	
Muscle Tone	Flaccid, Limp	Some Flexion of Extremities	Active Motion	
Reflex Irritability	No Response	Some Motion, Cry	Vigorous Cry	
Color	Blue, Pale	Body Pink, Hands & Feet Blue	Completely Pink	
Total				

Glasgow Coma Scale		
		Score
Eye Opening	Spontaneous	4
	To Voice	3
	To Pain	2
	None	1
Verbal Response	Oriented	5
	Confused	4
	Inappropriate Words	3
	Incomprehensible Sounds	2
	None	1
Motor Response	Obeys Command	6
	Localize Pain	5
	Withdraw (Pain)	4
	Flexion (Pain)	3
	Extension (Pain)	2
	None	1
Total Glasgow Coma Scale =		

GCS			
VERBAL	MOTOR	EYE	Total



PUPILS (mm)			
Size (L/R)		React (L/R)	
		+	-
		-	+

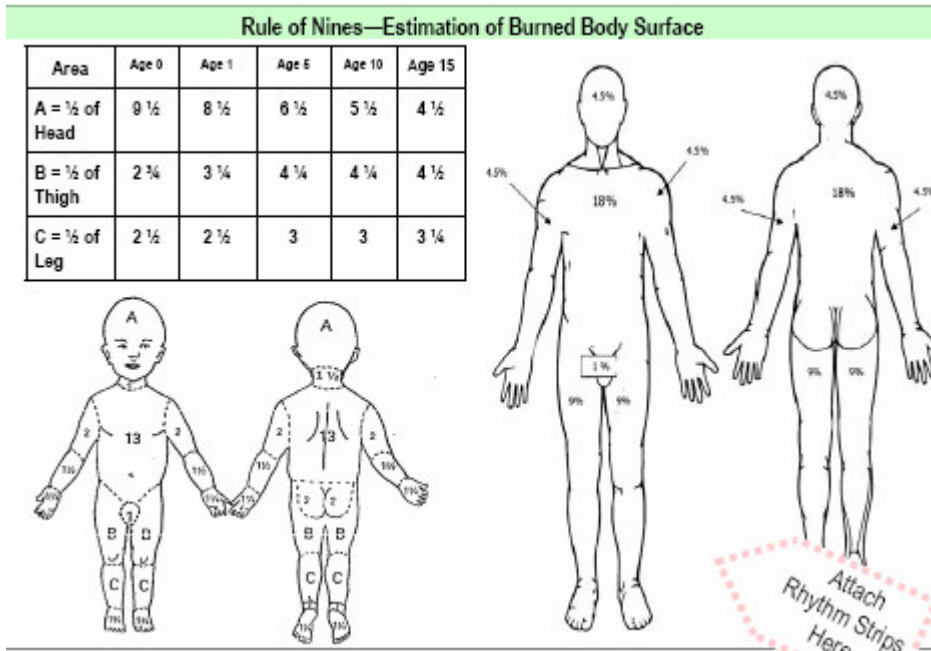
Hand Grip A—Absent W—Weak N—Normal
Cap Refill A-Absent D- Delayed N-Normal
Reaction + Present - Absent

GRIP	
Left	Right
A W N	A W N

**CAP
REFILL**

Pre-hospital Index		
Comp.	Value	Score
Blood Pressure	>100	0
	86-100	1
	75-85	2
	0-74	5
Pulse	>120	3
	51-119	0
	<50	5
Resp	Normal	0
	Labored	3
	<10 / min.	5
LOC	Normal	0
	Confused/Combative	3
	No intelligible words	5
Penetrating Head, Chest, Abdominal Wounds		4

Rule of Nines



PAEDIATRIC TRAUMA SCORE (Patients less than 17 years of age)			
Component	+2	+1	-1
Size	(greater than 6 years)	(1 - 6 years)	(less than 1 year)
Airway / Breathing	Normal	Maintainable with BLS interventions	Maintainable with ALS interventions or Unmaintainable
Systolic BP	BP greater than 90 mm Hg <u>or</u> Pulse palpable at Wrist	BP 50 - 90 mm Hg <u>or</u> Pulse not palpable at wrist but palpable at neck or groin	BP less than 50 mm Hg <u>or</u> No pulse palpable
CNS (LOC)	Awake	Obtunded or has sustained loss of consciousness	Coma / Decerebrate
Open Wound	None	Abrasions or minor cutaneous injuries	Penetrating injury or Major Avulsion / Laceration
Skeletal	No fractures	Closed Fracture	Open Fracture or Multiple Fractures
SUM = _____ (PTS) Note: If Sum is less than or equal to 8 = Transport to PEDIATRIC TRAUMA CENTRE. If CNS component score is less than 2 = Transport to PEDIATRIC TRAUMA CENTRE			

Estimated Fluid and Blood Requirements

	CLASS I	CLASS II	CLASS III	CLASS IV
Blood Loss (ml)	Up to 750	750 - 1500	1500 - 2000	2000 or more
Blood Loss (%BV)	Up to 15%	15 - 30%	30 - 40%	40% or more
Pulse Rate	Less than 100	Greater than 100	Greater than 120	140 or higher
Blood Pressure	Normal	Normal	Decreased	Decreased
Pulse Pressure (mmHG)	Normal or increased	Decreased	Decreased	Decreased
Capillary Refill Test	Normal	Positive	Positive	Positive
Respiratory Rate	14 - 20	20 - 30	30 - 40	Greater than 35
Urine output (ml/hr)	30 or more	20 - 30	5 - 15	Negligible
CNS - Mental Status	Slightly anxious	Mildly anxious	Anxious and Confused	Confused- lethargic
Fluid Replacement	Crystalloid	Crystalloid	Crystalloid + blood	Crystalloid + blood

[†] For a 70 kg male

Asthma Severity Scale

Degree Of Patient Distress	Patient Signs And Symptoms
Mild	<ul style="list-style-type: none"> - Exertional dyspnea / cough - Increased B₂ agonist use for symptom control - Good response to B₂ agonist
Moderate	<ul style="list-style-type: none"> - Dyspnea at rest - Congested - Chest tightness - Nocturnal symptoms - Partial relief from B₂ agonist inhaler or inhaler needed more often than every 4 hours
Severe	<ul style="list-style-type: none"> - Laboured respirations - Agitated - Diaphoretic - Difficulty speaking - Tachycardic - No relief with B₂ agonist inhaler
Critical (Near Death)	<ul style="list-style-type: none"> - Exhausted and confused - Diaphoretic - Cyanotic - Silent chest - Decreased respiratory effort - Falling heart rate

Agitated Patient Combativeness Scale

Scale	Description	Possible Score	Score
Violently agitated	Fully restrained, requires constant attention	1	
Decreased agitation	Fully restrained; requires nearly constant attention	2	
Decreasing Agitation	Partially restrained, intermittent	3	

	attention		
Slight agitation	Unrestrained	4	
No agitation	May be asleep	5	