

EMSTA COLLEGE - EMT PROGRAM

Mnemonics List

<p>P PPE E Environmental Hazards N Number of Patients M MOI / NOI A Additional Resources N Need for Extrication Need for C-Spine</p>	<p>S Signs & Symptoms A Allergies M Medications P Past History L Last Oral Intake E Events leading to</p>	<p>Documentation S Subjective Symptoms O Objective Observable signs A Assessment General impression of pt's condition</p>	<p>Glasgow Coma Scale Eyes Spontaneous 4 To Voice 3 To Pain 2 None 1 Verbal Oriented 5 Confused 4 Inappropriate Words 3 Incomprehensible 2 None 1 Motor Obeys Commands 6 Localizes Pain 5 Withdraw to Pain 4 Flexion 3 Extension 2 None 1</p>	<p>Normal Vital Signs Respiratory Rates Adult 12 to 20 Child 15 to 30 Infant 25 to 50 Pulse Rates Elderly (>75) 90 Adult 60 to 80 >100 tachycardia <60 bradycardia Adolescent 60 to 105 >105 tachycardia <50 bradycardia Child (6-12) 60 to 120 Toddler (1-5) 80 to 150 Infant (1-12mo.) 120 to 150 Child/Tdrl/Infant > or < is tachy / brady Blood Pressure (mmHg) Adult Male Systolic 100 + age <40 Diastolic 60 to 90 Adult Female Systolic 90 + age <40 Diastolic 60 to 90 Adolescent Systolic 90 lower limit Diastolic 2/3 of systolic Child (1-10)* Systolic 70 to 90 plus 2 times age Diastolic 2/3 of systolic Infant (1-12mo.)* Systolic 70 lower limit Diastolic 2/3 of systolic Neonate (1-30 days)* Systolic 60 lower limit Diastolic 2/3 of systolic * Blood pressures should NOT be measured in patient's less than 3 y/o. Rely on skins, cap refill and mental status to determine perfusion status.</p>
<p>G General Impression c/c L LOC/AVPU A Airway B Breathing C Circulation P Priority Pt?</p>	<p>O Onset P Provoked Q Quality R Radiation S Severity T Time I Interventions?</p>	<p>P Plan Plan of action and any care provided I Incident C Chief Complaint H History (SAMPLE) A Assessment findings R Rx (Treatment) T Transport type of transport, position and any change of condition</p>	<p>Newborn Scoring (APGAR) A Appearance Blue/Pale 0 Body Pink / Extr. Blue 1 Completely Pink 2 P Pulse Absent 0 Below 100 1 Above 100 2 G Grimace No response 0 Grimaces or whimpers 1 Actively Cries 2 A Activity Absent / flaccid 0 Some flexion of extr. 1 Active extr. Motion 2 R Respiratory Absent 0 Slow / irregular 1 Good strong cry 2</p>	<p>The 5 Rights Right Medication Right Patient Right Route Right Dose Right Time/Exp.</p>
<p>A Alert V Verbal P Painful U Unresponsive</p>	<p>P Pupils E Equal A and R Reactive (to) L Light</p>	<p>E Exam Physical exam findings A Assessment Impression derived from hx. and physical exam and suspected condition T Treatment Provided E Evaluation Improvement or deterioration ongoing assessment / detailed physical exam findings D Disposition Transport and transfer of care</p>	<p>S Simple T Triage A and R Rapid T Transport</p>	<p>Cap Refill 4 seconds for elderly 3 seconds for females 2 seconds for males, infants and children</p>
<p>A Alcohol E Epilepsy I Insulin O Overdose U Uremia / Underdose T Trauma I Infection P Psychiatric S Stroke / Seizure</p>	<p>B Breathing R Response (LOC) I Eyes M Motor</p>	<p>Trauma Turnover M MOI I Injuries V Vitals T Treatment</p>	<p>P Provoked? A Associated Pain? S Sputum / Speech? T Temperature / Time E Exacerbating Factors?</p>	<p>D Deformities C Contusions A Abrasions P Penetrations B Burns / Bleeding T Tenderness L Lacerations S Swelling</p>
<p>D Decomposition R Rigor Mortis I Incineration E Evisceration D Decapitation</p>	<p>P Pulse M Motor S Sensation or P Pain P Pallor P Paralysis P Pulse(-lessness) P Parasthesia</p>	<p>P Pulse M Motor S Sensation or P Pain P Pallor P Paralysis P Pulse(-lessness) P Parasthesia</p>	<p>P Pulse R Respirations B Blood Pressure E Eyes L Lung Sounds L LOC S Skins</p>	<p>Cap Refill 4 seconds for elderly 3 seconds for females 2 seconds for males, infants and children</p>

