More stories at WordBlanks.com

EMT Medical Assessment

1. Adjective _____
2. Noun _____
3. Number _____
4. Noun - Plural _____
5. Food _____
6. Adjective _____
7. Name Of Somebody In The Room _____
8. Verb - Something You Can Do To Somebody _____
9. Verb - Past Tense _____
10. Number _____
11. Verb - Something You Can Do To Somebody _____
12. Illness _____
13. Verb - Present Ends In Ing _____
14. Adjective _____
15. Part Of Body _____
16. Verb - Present Ends In Ing _____
17. Part Of Body _____
18. Illness _____
19. Noun - Plural _____
20. Noun - Plural _____
21. Noun - Plural _____
22. Adjective _____
23. Full Name Of A Person _____

24. Verb - Base Form _____
25. Number _____
26. Part Of Body _____
27. Part Of Body _____
28. Adjective _____
29. Number _____
30. Noun - Plural _____
31. Number _____
32. Number _____
33. Number _____
34. Number _____
35. Color _____
36. Number _____
37. Noun - Plural _____
38. Adjective _____

EMT Medical Assessment

BSI is my scene _____Adjective_____?

My NOI is _____Noun_____.

My number of patients is _____Number_____.

I will have _____Noun - Plural_____ on standby.

I will consider _____Food_____ but I will not take it at this time.

My general impression of my patient is _____Adjective_____.

Hello sir, my name is _____Name of somebody in the room_____ from METC EMS, may I _____Verb - something you can do to somebody_____ you?

Do you know your name? Do you know where you _____Verb - Past Tense_____? Do you know what time it is?

My patient is A&O times _____Number_____.

Why did you _____Verb - something you can do to somebody_____ us today?

My patients chief complaint is _____Illness_____.

My patient is _____Verb - Present ends in ING_____ so their airway is _____Adjective_____.

I will expose my patients _____Part of Body_____ to check for any major injuries.

I will assess breathing rate and quality.

I

will check for any major _____Verb - Present ends in ING_____.

I will assess pulse rate and quality.

I will assess _____Part of Body_____ color, temperature, and condition.

I will cover my patient and treat for _____Illness_____, he is a high priority for transport.

Are you allergic to _____Noun - Plural_____?

Are you taking any _____Noun - Plural_____?

Has this ever happened before?

When was the last time you ate or drank _____Noun - Plural_____?

I will perform a brief _____Adjective_____ exam of my patient.

I will take my patients vitals.

I will call _____Full Name of a Person_____ for permission to intervene and _____Verb - Base Form_____.

I will reassess my patient.

Report:

Patient is _____Number_____ year old male with complaints of pain in his _____Part of Body_____ and _____Part of Body_____. He feels like his arm is _____Adjective_____. This happened to him _____Number_____ years ago when he fell off of his _____Noun - Plural_____. His blood pressure is _____Number_____ over _____Number_____ , pulse is _____Number_____

, Respiratory rate is _____Number_____ , skin is _____Color_____ in color and moist. He is A&O times

_____Number_____. Aided patient in taking prescribed _____Noun - Plural_____ and it made him feel _____Adjective_____.

©2026 WordBlanks.com · All Rights Reserved.