

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 _____, skin is _____ in color and moist. He is A&O times

_____. Aided patient in taking prescribed _____ and it made him feel _____.