

Observations, How and Why.....

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Objectives

- a) Breathing
- b) Eyes
- c) Skin
- d) Pulse
- e) Blood Pressure
- f) Glasgow Coma Scale (GCS)

Breathing

□ RATE

- Is it fast (Tachypnoea)?
- Is it Difficult (Dyspnoea)?
- has it stopped (Apnoea)??

Age	Normal Rate / per min
INFANT/NEONATE	30-60
TODDLER	24-40
CHILD	22-34
ADULT	12-20

Breathing

- DEPTH Are the breaths Deep, or Shallow?

- CHEST SOUNDS Use a stethoscope to listen to the chest = AUSCULTATE
 - Are they equal bilaterally?
 - Are there any additional noises?
 - SNORING, STRIDOR, WHEEZE, CRACKLES, RHONCHI
 - Is there any sound at all?

Breathing

- EXTERNALLY Percuss the chest.
 - Is it RESONANT, OR HYPER-RESONANT?
 - Movement;
 - Does the chest move equally on both sides (Bilaterally)?
 - Are the abdomen or accessory muscles assisting breathing?
 - Is the trachea in line/deviated?
 - Palpate; Are there any unusual swellings/bruising?

Eyes

- LOOK AT THE PATIENTS EYES!!!!!!!!!!!!!!
 - PERLA = Pupils Equal, Reacting to Light, and Accommodating
 - PINPOINT = Potentially, a use of Opioids
 - UNEQUAL = Possible Head Injury or CVA
 - DILATED = Evident with use of some Drugs and in Death
 - YELLOW = JAUNDICE. From liver disease or obstruction of the bile duct
 - BLOOD = Trauma to the eye itself or possible head injury
- Check the inside of the eyelids> Are they pale?
This could indicate ANAEMIA= Low HB

Skin

□ LOOK!!!!!!!!!!!!!!!!!!!!

- PALE: Is there is a circulatory problem, are they hypovolaemic
- BLUE/GREY: Is there *cyanosis*? Is there a respiratory problem?
- FLUSHED: Is there *fever, head injury, hyper/hypoglycaemia*
- RASH: Is there an *allergic reaction, heat rash, or possibly meningitis*?
- BRUISING: Has there been *trauma, either direct or indirect*?
- MOTTLED: This can be evident with severe *oedema*

Skin

- Colour and tone
 - Jaundice = Yellow. Hepatic problems
 - Dehydration = Skin flaccid and unresponsive
 - Pink/Flushed = Chronic respiratory problems/chronic hypertension
 - Grey/cyanosed = End stage COPD/ associated respiratory disease

Pulse

- RATE: Is the pulse normal?
Is it fast (Tachycardia)?
Is it slow (Bradycardia)?

AGE RANGE	BEATS PER MIN
INFANT/NEONATE	120-160
TODDLER	90-140
CHILD	75-100
ADULT	60-80

Pulse

□ Rhythm

- Is the pulse REGULAR or IRREGULAR?

□ Volume

- Is the pulse normal, is it weak, or full and bounding?

□ Pulse points

- You can use CAROTID (NECK), BRACHIAL (ELBOW), RADIAL (WRIST), FEMORAL (GROIN) OR PAEDAL (FOOT)

Blood Pressure

- Blood Pressure is read as SYSTOLIC
DIASTOLIC
 - SYSTOLIC = When the heart contracts, pumping blood out into the arteries, and exerting pressure on them
 - DIASTOLIC = When the heart is at rest and refilling with blood
- Measurement of the blood pressure can help diagnose
 - HYPERTENSION = High Blood Pressure
 - HYPOTENSION = Low Blood Pressure

Blood Pressure

- A normal blood pressure for a healthy adult can be worked out as :
 - $100 + \text{Age} - 10 = \text{Systolic}$,
 - So for a 40 year old man $100 + 40 - 10 = 130/\text{min}$

AGE RANGE	Normal SBP/mmHG
NEONATE	65-70
INFANT	60-80
CHILD	80-90
ADOLESCENT	90-100

Blood Pressure

- If you can feel your patients pulse then the blood pressure is.....
 - RADIAL = MIN 80-90 SYSTOLIC
 - FEMORAL = MIN 70-80 SYSTOLIC
 - CAROTID = MIN 60-70 SYSTOLIC

Glasgow Coma Scale

- ❑ To consistently measure the level of consciousness
- ❑ A score lower than 8 may indicate a need to maintain airway

EYES		VERBAL		MOTOR	
Open spontaneous	4	Normal	5	Obey Commands	6
Response to voice	3	Confused	4	Localize to pain	5
Response to pain	2	Inappropriate words	3	Withdraw to pain	4
Not Open	1	Incomprehensible sounds	2	Abnormal flexion	3
		No sound	1	Abnormal extension	2
				No movements	1

In Conclusion

- ❑ All these observations should enable you to make a reasonably accurate assessment of your patient without the need for complex equipment
- ❑ They should be reproducible and completed at regular intervals so that a change in the patients condition can be readily detected
- ❑ This information will contribute to the management of the patient in the hospital setting



THANK YOU

ANY
QUESTIONS?

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Via enquiries.