

Rapid Unit Assessment

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With a seriously injured trauma patient, we perform a rapid assessment to identify and manage life threats. If time allows, we also conduct a detailed physical exam to identify and manage less serious injuries. A similar approach can be taken each shift when you check the ambulance. You may be sent on a call before the unit check is complete, so you want to make sure the most important equipment is in working order, with you can do by following this Rapid Unit Assessment checklist:

1. Vehicle check

You won't be able to help anyone if you can't get to them, and it is much better to discover vehicle problems before the call comes in. Check the oil while the engine is cold and make sure the engine starts. Without oil, the truck is in shock, so more should be added before you go anywhere.

2. Monitor/defibrillator

The defibrillator delivers treatment that absolutely must be done at the patient's side. It also has lots of parts that can malfunction or be lost. Cables, Stickers and patches are often left at the hospital after a stressful call, and batteries will be dead if the defibrillator is left on to long. Check the batteries first by turning it on, followed by the therapy cable, defibrillation/pacing patches, monitor cables and electrodes.

3. On-board oxygen and suction

Since the on-board devices are usually near the defibrillator in the ambulance, I check them next. Turn on the main oxygen tank, check the pressure and listen for leaks. Check the suction pressure by placing a finger over the "to patient" port.

4. First-in BLS airway supplies

For the first-in bag, make sure you have a bag-valve mask with all it's parts, plenty of oxygen, a CPAP devise, non-rebreather mask, nasal cannulas and airway adjuncts. A compact suction unit fits easily in a first-in bag and should be brought to every patient's side as well. Also check its batteries and accessories.

5. BLS trauma supplies

Bleeding control and spinal immobilization are basic lifesaving treatments performed by EMS. Start by checking the large, bulky trauma dressings and work you way down in size. Then look through the cervical collars and backboards.

6. OB kit

Since it is rarely used, the OB kit sometimes gets buried in the back of the cabinet or under the bench seat. When you really need it, make sure it can be found quickly.

7. Advanced airway equipment

This includes blind insertion airway devices (BIADs), intubation equipment and surgical airway kit. Since BIADs (King airway, combitube or laryngeal mask airway) can be used if any intubation equipment is damaged or missing, check these first. Then check the light source for each laryngoscope blade, various sized endotracheal tubes and the end-tidal CO₂ detector. Know where the surgical airway equipment is. Hopefully you'll never need it, but if you do, there's no substitute.

8. IV supplies

Since most ALS medications are given intravenously, it is a good idea to check the IV supplies before medications. Look through the IV drip sets and fluids. You don't want to only have micro-drip tubing for a patient in shock. Next, if you have a power-driven IO device, make sure it works. Check the IV catheters and syringes.

9. Medications

Check the drug bag last. There has been a debate since the early days of EMS about which drugs are most important, and the list changes frequently. Still, there are few time-tested drugs I would hate to find missing in a call.

I start with narcotics, because any discrepancy requires an immediate call to a supervisor. Among these, the most important is benzodiazepine for seizures.

After the narcotics are accounted for, I check the 1:1,000 concentration of epinephrine. It is lifesaving for patients in anaphylaxis and can be diluted for patients on cardiac arrest. Next on my list are aspirin for chest pain, albuterol for difficulty breathing, dextrose for hypoglycemia and naloxone for opiate overdose.

Conclusion

This covers the most important items carried on an ambulance, but a more detailed unit check should be done after these are working in order. Think of managing your unit's breathing by changing the defibrillator batteries and splinting its extremity by counting 4x4 dressings.

There's no worse feeling than being on a scene and discovering equipment is missing. People depend on EMS to be prepared for their emergency, so it is important to have all our equipment, make sure it works and know exactly where it is.