

EXPANSION QUESTIONS FOR SELECTED EMERGENCIES
RED, WHITE AND BLUE FIRE
EMS DIVISION

1. ACUTE ABDOMEN

- a. Type of pain (Steady, intermittent)
- b. Vomiting: frequency-appearance-odor
- c. Alcohol history
- d. GYN history (LMP, unusual discharge, pregnancy)
- e. Dietary/nutritional habits (dyspepsia, fatty food intolerance)
- f. Bowel habits (frequency, odors, appearance)

2. ASTHMA

- a. Severity/frequency of attacks?
- b. Do you take Asthma medications? Use of inhalers? Frequency?
- c. Have you ever been hospitalized for this?
- d. Was intubation necessary in your treatment?
- e. Have you changed or recently stopped your medications?
- f. What medications/treatment WORK for you?

3. BEHAVIORAL

- a. Current chief complaint or situation.
 - 1. per patient
 - 2. observer
- b. Thoughts, threats or previous destructive behavior.
- c. History or active alcohol or drug abuse.
- d. Bizarre or abrupt behavior or sudden change in behavior.
- e. Recent crisis.
- f. Hallucinations/delusions? Severity.
- g. Interaction with family and friends.
- h. Onset, previous history, previous disorders, family history
- i. Suicidal plan-detail?

4. DIABETES

- a. Are you required to use insulin? Type-dose-amount.
- b. Have you been compliant with your medications?
- c. Has your diet been normal?
- d. Have you exercised normally?
- e. Have you been ill?
- f. Is there a family history?
- g. Do you monitor your Blood Glucose level daily? What is normal for you?

5. DROWNING

- a. Length of submersion?
- b. Water involved: Fresh/salt, and water temperature.
- c. Consider potential for trauma involved.

6. HEAD-NECK-SPINAL TRAUMA

- a. Loss of consciousness involved?
- b. Current LOC
- c. Symptoms? Dizziness-vertigo-headache-nausea/vomiting.
- d. Was pt. wearing helmet? Seatbelt? M.O.I. in general.
- e. History of previous event.
- f. Aggravating factors (i.e. alcohol, drugs, etc.)
- g. Regionalized tingling sensations, numbness, weakness, paralysis?
- h. Headache? Where and how the pain presents.
- i. Changes in vision, hearing, sensation and/or motor function.

7. BODY CAVITY AND ABDOMINAL TRAUMA

- a. Location of pain/tenderness.
- b. Is respiratory effort easier or more difficult?
- c. Nature of incident causing injury.
- d. Projectile: Range, size and entrance/exit locations.
- e. Safety precautions in place. (Seatbelt, airbag, bullet resistant vest...)
- f. Puncture wound: Knife size, object diameter, clean or not.
- g. BBS, neck vein exam, palpation/exam of trachea.

8. OB/GYN EMERGENCY

- a. LMP: Was period of normal duration and average flow amount?
- b. Is pregnancy a possibility?
- c. Use of contraceptives?
- d. Has there been a traumatic event to reproductive system?
- e. Current blood loss or other vaginal discharges.
- f. Previous OB history: gravida/para, abortions, c-sections, miscarriage and/or previous GYN infections.

9. PULMONARY EMBOLUS

- a. Is there a history of recent surgery?
- b. Personal or genetic history of varicose veins?
- c. Recent history of prolonged bed rest?
- d. Recent fractures?
- e. Cardiac irregularities of Atrial Fibrillation or valve problems?
- f. History of pregnancy, also postpartum bleeding.
- g. BBS and exam of neck veins.

- REFER ALSO TO RESPIRATORY QUESTIONS.

10. RESPIRATORY

- a. History of present event. (ie, onset time, duration, gradual/sudden.)
- b. Is the Dyspnea made better or worse with positional changes. Is there associated orthopnea.
- c. Coughing: Is it productive? Is hemoptysis present? Sputum color.
- d. Is there pain associated with Dyspnea?
 1. Location
 2. Onset: Gradual or acute?
 3. Duration/Radiation
 4. Does pain increase with respiration?
- e. Lung sounds: BBS, equal? moist?
- f. PT's body temperature.
- g. Listen for breath sounds.
- h. Examine the neck for venous distention and accessory muscle use.

11. SEIZURES

- a. Pt's medical history, does it include seizures? Epilepsy?
- b. Is the Pt. on medication? Have they been compliant? Look for eg. Dilantin, Phenobarbital, Mysoline, Tegretol, Deakene, and Reglin.
- c. Description of seizure activity. Post/current. Full body/Jacksonian.
- d. Frequency of events. Can they be controlled? Can the Pt. forecast event?
- e. PMH: ETOH, Drugs, head trauma, Diabetes, Infection, high temp, CVA
- f. Length of event. Was there post-ictal phase? Length of this? Normal?

MEDICAL EXAM MUST INCLUDE.....

1. Complete vitals: including ECG
2. BBS
3. Temp
4. Dextrostic: primary if history is vague or longer post-ictal phase.
5. Complete trauma exam.

12. SYNCOPE

- a. Define pt's prior to event. Then the duration of event.
- b. All symptoms prior to your arrival.
- c. Other associated symptoms.
- d. Previous medical history and or episodes.
- e. Medications and compliance.
- f. Rule out all other medical emergencies...CVA, seizures, AMI etc...
- g. ECG

13. UNCONSCIOUS-COMA UNKNOWN CAUSE

- a. Is there a medical history? AMI, Hypertension, Pulmonary emboli, seizures, alcohol/drug abuse, recent infection, trauma.
- b. Medical alert tags, IDs, medical info in wallet?
- c. Complete trauma exam (check nuchal rigidity if trauma can be ruled out) with vitals to include temperature.
- d. S/S Etoh, or alcoholism i.e. jaundice, spider angiomas, ascities.
- e. Investigate through bystanders or witnesses preceding symptoms.events.

14. POISONING

- a. PMH
- b. What was taken?
- c. How much was taken?
- d. When was it taken?
- e. Anything else taken?
- f. Has anything been done to correct the problem? (dilution, ipecac)
- g. Last meal?