

Assessing a Critically Unwell Patient

Assess, treat life-threatening conditions as you find them and re-assess following intervention

Initial Assessment

Measurement

Action

Consider

A

Airway



Is the airway clear?
Partial obstruction: snoring, vomit, stridor
Obstruction: silent, unconscious patient

Is the patient talking?
Any signs of swelling/dribbling?

Basic airway manoeuvres: head tilt/chin lift, jaw thrust
Suction
Airway Adjuncts
High flow oxygen (15L/min).

Use bag-mask, pocket mask ventilation as appropriate. Use of non-invasive ventilation for cooperative & acute patients.

B

Breathing



Look - Depth, rate, pattern
Listen - Equal air entry (stethoscope if trained)
Feel - equal chest rise/ fall
oxygen saturation

Normal respiratory rate: 12-20/min.
Normal saturation: 96%.

Reposition patient (sit up). Start high flow oxygen (15L/min). Use of self-inflating bag valve mask device (BVM). Supplement breaths with BVM if resp. rate is low.

Increasing respiratory rate is a marker of illness; patient may deteriorate further.

C

Circulation



Look at the colour of the hands/ digits. Do they feel warm/cool; Pulse fast/slow; Blood pressure (systolic) - high/low

Are they blue, pink, pale or mottled. Normal temperature: 36.1-38.0; Normal heart rate: 51-90; Normal systolic pressure: 111-219

Lay the patient flat and elevate legs if BP is low

Even in shock blood pressure can be normal.

D

Disability



Is the patient: Alert and talking, responding to voices or pain?
Recent onset of confusion?
Unconscious?

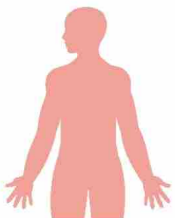
Use of ACVPU or GCS (if trained) score.
Check blood glucose
Any fainting episodes?
Pupil size normal?

Consider the use of the recovery position if unresponsive and breathing.
Monitor and regularly check for pulse/signs of life

Nurse unconscious patients in lateral position if their airway is not protected.

E

Exposure



Any signs of swelling, rashes or changes in skin colour?

Full body exposure
Temperature
Signs of fluid loss (i.e. bleeding).

Stabilize and observe
Reassess regularly using ABCDE approach
Apply pressure/ dressings to any visible bleeding

Respect patient dignity and minimise heat loss

Call for help as early as possible - Call 999