



GLOBAL RECOGNITION & ASSESSMENT OF THE SICK PATIENT & INITIAL TREATMENT

# Global Recognition and Assessment of the Sick Patient and Initial Treatment

## It as easy as... A B C D E

Using a structured approach to assessment ensures that the most life threatening problems are managed in a timely manner

### Adults and Children



**A**

#### AIRWAY

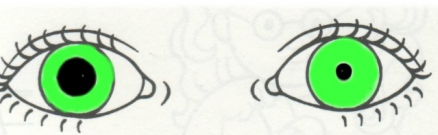
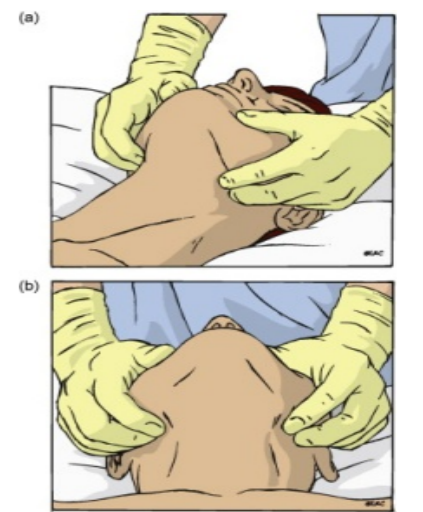
Is it patent? If not consider airway opening manoeuvres and airway adjuncts

If the patient is not able to speak to you then you must assess the airway. This should be done by **looking, listening and feeling** for signs of obstruction. **If you suspect a cervical spine injury think jaw thrust and immobilise.** Look and listen for any noises that may be an indication for suction. Snoring may indicate tongue obstruction therefore perform the head tilt chin lift manoeuvre.

Stridor may indicate partial obstruction, feel for any air movement.

**Any airway obstruction GET HELP IMMEDIATELY**

Consider airway adjuncts



**B**

#### BREATHING

**Rate, rhythm, depth, symmetry**  
SpO<sub>2</sub> and give oxygen if appropriate

*Respiratory rate is the single most important vital sign for predicting the onset of critical illness.*

Consider position of the patient, encourage deep breathing and coughing. Treat when indicated with nebulizers, antibiotics, analgesia.

**C**

#### CIRCULATION

**Pulse** - rate, rhythm, volume, peripheral temperature  
**Blood Pressure**- capillary refill, urine output  
Insert cannula and give IV fluids if appropriate

**D**

#### DISABILITY

Assess level of consciousness using **AVPU**  
Check blood sugar and pupils if reduced

**E**

#### EXPOSURE

Top to toe examination and check temperature

#### CALL FOR HELP AT ANY STAGE

Other investigations may include:

- Bloods • Infection screen
- ECG • X-ray • Scan

#### COMMUNICATE USING SBAR

**Situation** Name of the patient what is the main problem

**Background** Admitting diagnosis, relevant past medical history and treatment to date

**Assessment** Your assessment of the patient

**Recommendation** What do you want from the person you are contacting

#### WHAT IS YOUR MONITORING PLAN?

<b>1 HOURLY</b>	If the patient is very sick it may be appropriate to increase the vital signs monitoring and report further deterioration
<b>2 - 4 HOURLY</b>	If the patient shows signs of improvement following treatment
<b>4 - 6 HOURLY</b>	If the patient is at risk of deterioration but is currently stable
<b>12 HOURLY</b>	Would be appropriate for the clinically well patient who is maybe ready to home



National Resuscitation Council of Kenya