There are 3 triangles of patient assessment:

- Scene size up
- Initial assessment
- Focused History and Physical Exam
AVPU scale for consciousness assessment

- Alert - communicative and awake
- Verbal - reacts to verbal stimulus
- Pain - reacts to pain stimulus
- Unresponsive

SAMPLE History

- S - signs and symptoms
- A - allergies
- M - medications
- P - past pertinent history
- L - last 'ins and outs'
- E - events leading to incident

**Vital Signs**

- Pulse rate
- Breathing rate
- Skin condition and temperature

**Scenario Practice 1**

Really any scenario works for practicing patient assessment. Have rescuers verbalize everything to practice remembering the 3 triangles as an outline of what to look out for. Try scenarios where if rescuers overlook a piece of assessment, patient's conditions deteriorate and rescuers will have to reassess and think about anything they overlooked.

**Trends of Shock**

By observing vital signs over time, you can look out for trends of shock or blood volume loss. This is a guideline to look out for dehydration or trauma involving blood loss. Know the difference between this and an acute stress reaction (ASR).

![Graph showing compensated and decompensated trends over time](image)

**Scenario Practice 2**

Try a scenario related to blood loss or dehydration. This allows rescuers to practice looking out for signs of compensated and
decompensated blood volume.

**Quick CPR review**

Usually only effective (in wilderness setting) when cardiovascular system is intact. CPR usually needs to be followed up by further medical attention. Situations where CPR may be most effective in a wilderness setting are:

- lightning
- submersion

Do NOT do CPR if patient has been:

- submerged under water for over 1 hour
- trauma with no pulse
- after 30 minutes of CPR