Community College of Aurora
EMS Education
Clinical Assessment Sheet

Adult Dyspnea Assessment

□ Abd □ Adult(18-65) □ Adult Dys □ AMS □ Cardiac □ ETT □ Ger(65+) □ IV
□ Medication □ OB □ Ped(<18) □ Ped Dys □ Psych □ Syncope □ TL □ Trauma □ Vent

Student name: **Date:** **Patient age:**

List all medications administered by student:

Physical Assessment
Level of consciousness: A V P U Agitated Obtunded Confused Uncooperative
Airway patent: Yes No **Respirations:** Normal Labored Hypo Hyper Absent
Circulation: Pulse found at: Radius Carotid Strong Weak Absent
Skin signs: Temp: Normal Cold Hot **Moisture:** Dry Moist **Color:** Pink Pale Cyanotic
Pupils: Equal Unequal Reactive Fixed Dilated Pinpoint
Description of breath sounds:
Use of accessory muscles? Yes No
Patient's chief complaint:
Onset: Gradual Sudden **Time:** Hours: Days:
Activity at onset:
Any prior episodes? Yes No **Hospitalization?** Yes No **Intubated?** Yes No
Does pt. use an inhaler? Yes No **What?**
Provocation (what makes it better or worse): movement rest food/drink position
Severity: 1-10 scale: At onset: 1 2 3 4 5 6 7 8 9 10 Currently: 1 2 3 4 5 6 7 8 9 10
Recent respiratory problems?
Abdomen: Normal Guarded Rigid Distended Tender
Heart rate: **Respiratory rate:**
Has this happened before? Yes No **Diagnosis:**
Other S/S:
Fever: Yes No **Chills:** Yes No
Patient final diagnosis:
Briefly review the pathophysiology of the patient's problem:
Briefly review potential sequelae of patient's problem and/or treatment received: