

**Community College of Aurora  
EMS Education  
Clinical Assessment Sheet**

**Altered Mental Status 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:**

<b>Level of consciousness:</b> A V P U Agitated Obtunded Confused Uncooperative
<b>Airway patent:</b> Yes No <b>Respirations:</b> Normal Labored Hypo Hyper Absent
<b>Circulation: Pulse found at:</b> Radius Carotid Strong Weak Absent
<b>Pupils:</b> Equal Unequal Reactive Fixed Dilated Pinpoint
<b>Description of breath sounds:</b>
<b>Loss of consciousness:</b> Yes No
<b>Patient's chief complaint:</b>
<b>Trauma?</b> Yes No <b>Describe:</b>
<b>Onset:</b> Gradual Sudden
<b>Provocation (what makes it better or worse):</b> movement rest food/drink position
<b>Quality:</b> Constant Intermittent Sharp Dull Tearing Cramping Burning
<b>Radiation:</b> Back Shoulder Arm Leg Flank Neck Other:
<b>Severity:</b> 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
<b>Time:</b> Hours: _____ Days: _____
<b>Location:</b> RLQ RUQ LUQ LLQ Epigastric Diffuse Periumbilical Suprapubic
<b>Activity at onset:</b>
<b>Can pt. describe the event?</b> Yes No <b>Amnesia:</b> Antegrade Retrograde No
<b>Has this happened before?</b> Yes No <b>Diagnosis:</b>
<b>Other S/S:</b> Nausea Vomiting Constipation Diarrhea
<b>Fever:</b> Yes No <b>Chills:</b> Yes No
<b>Impaired speech?</b> Yes No <b>Description:</b>
<b>Weakness:</b> Describe:
<b>Chest or abdominal pain?</b> Yes No <b>Cardiac history?</b> Yes No
<b>Flu-like symptoms?</b> Yes No <b>With:</b> Nausea Vomiting Diarrhea
<b>Diabetes?</b> Yes No <b>Insulin dependant?</b> Yes No
<b>Last oral intake:</b> _____ <b>When:</b> _____
<b>Intake of drugs/ETOH/medications?</b> Yes No <b>What:</b> _____
<b>Skin signs: Temp:</b> Normal Cold Hot <b>Moisture:</b> Dry Moist <b>Color:</b> Pink Pale Cyanotic
<b>Patient final diagnosis:</b>
<b>Briefly review the pathophysiology of the patient's problem:</b>
<b>Briefly review potential sequelae of patient's problem and/or treatment received:</b>