

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

Syncope 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:

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
Pupils: Equal Unequal Reactive Fixed Dilated Pinpoint
Description of breath sounds:
Patient's chief complaint:
Onset: _____ Witnessed? Yes No Duration: _____
Can patient describe events? Yes No
Provocation (what makes it better or worse): movement rest food/drink position
Quality: Constant Intermittent Sharp Dull Tearing Cramping Burning
Radiation: Back Shoulder Arm Leg Flank Neck Other: _____
Abdomen: Normal Guarded Rigid Distended Tender
Activity at onset:
Trauma involved? Yes No Describe: _____
Has this happened before? Yes No Diagnosis: _____
Cardiac history? Yes No Hematemesis? Yes No
Last oral intake: _____ When: _____
Weakness? Yes No Which Side? R L Facial droop? Yes No Which side? L R
Skin signs: Temp: Normal Cold Hot Moisture: Dry Moist Color: Pink Pale Cyanotic
Recent cold/flu-like symptoms? Yes No With: Nausea Vomiting Diarrhea
Recent alcohol/drugs/medications? Yes No What: _____
History of diabetes? Yes No Insulin dependant? Yes No
Impaired speech? Yes No Describe: _____
Incontinence? Yes No Dehydration? Yes No
Briefly review the pathophysiology of the patient's problem:
Briefly review potential sequelae of patient's problem and/or treatment received: