

Basic paramedic practice (patient approach and call completion)

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Basic Paramedic Practice (Patient Approach and Call Completion) Umair Abbas Sukhera Academia Research 6th August, Basic Paramedic Practices Dynamic, anarchic and sometimes deemed hazardous. The paramedics carry out a job which few would dare to undertake. Being a paramedic is not all about guts, blood and exaltation but it involves a sincere compassion and aggravation towards the patients, on the move from one destination to another. They do not just save lives but make a good impression while being at it. This reflective journal is about the Safety First Get ABCDs, written by Marc Colbeck. It constitutes of helpful clinical tips for both paramedical students and the general public. It composes of a detailed exposure to students on how to approach a call and how to react with the consequential job stress. It states, with relevant facts and with the personal experiences of the author, on how to approach the patients safely ensuring that in the end your efforts were worthwhile.

Patient Approach

When approaching the patient, it is of the utmost importance to ensure the biological safety of both the patient and yourself; it has been termed as Scene Safety (Greaves, Porter, Hodgetts, & Woollard, 2006). I learned that when addressing a patient, it is cardinal to isolate oneself from substances that the other patients produce. In short, it is the taking of precautions when regarding the issue of Body Substance Isolation (Margolis, 2003). This can be carried out well if certain equipment is always kept along such as goggles and gloves to name a few. It was deemed necessary in the journal that one should always take stern measures to know their gear and has the ability to use it.

Secondly what I learned was that that before heading to the area of incident one should inform the dispatcher and upon arrival, maintain awareness of the surrounding structures. Damaged building, leaking gas, broken glass and exposed metal creating hazards come under its definition. It was stated in the journal that the responsibility of your impending duty is not above the predicaments concerning your own safety and security. Even if it means to watch other people suffer when the environment does not allow their immediate rescue.

On the other hand, it was clearly evident from the journal that one should keep an eye out for potential hazards from both people and animals alike. Pet animals should be locked prior to the rescue and one should always keep a clear route with the intent of escape when the situation gets out of control.

Call Completion

The paramedic crew completes any event report in which abhorrent play has been proven or conceived. In the case of a distress call, several things are needed to be done during the rest of the call. Particular attention should be paid to the times of the call received. The exact arrival and departure from both the hospital and the scene of incident. During the call, the paramedic's responsibility is to sketch an accurate blueprint of the mise en scene in which the position of the patient, together with their surroundings is clearly depicted. The paramedic should have an eye for the least significant details such as the history of the incident, signs and symptoms of the patient together with the statement made by both the patients and witnesses alike. This helps in setting an accurate, 5 to 10 second patient's hand of report.

Paramedics learn to examine samples and assess the severity of the case with the passage of time. Though second best to doctors with limitations in their task regarding the breakage of taboo barriers, their role definitely entails a new prestige. They are entrusted with the lives of human beings and there is nothing more sacred than that. What I learned from the journal was that there seems to exist numerous ways on how to conduct one's own self with humility, to accept criticism, to learn from your mistakes and to demand nothing less than the best as the paramedics signify what is meant to be signified; a commitment to other human beings (Caroline, 2010).

Reference

Margolis, G. S. (2003). Introduction to Emergency Airway Management and Ventilation. Paramedic: Airway Management. Jones & Bartlett Learning, 10.

Caroline, N. L. (2010). Preparatory. Emergency Care in the Streets. Jones & Bartlett Learning, 12.

Greaves, I., Porter, K., Hodgetts, T., Woollard, M. (2006). Cardiac Arrest in Adults: Advanced Life Support. Emergency Care: A Textbook for Paramedics. Elsevier Health Sciences, 164.

Reflective Assessment

Today's date

Your name

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Course name PARA1006

Topic section one

Instructor Marc Colbeck

Apart from the assigned reading, I also referenced the following sources to learn about this section. The ones I found most useful (that I would recommend to others) are marked with an asterisk (*)

1. *Margolis, G. S. (2003). Introduction to Emergency Airway Management and Ventilation. Paramedic: Airway Management. Jones & Bartlett Learning, 10.
2. Caroline, N. L. (2010). Preparatory. Emergency Care in the Streets. Jones & Bartlett Learning, 12.
3. *Greaves, I. et al (2006). Cardiac Arrest in Adults: Advanced Life Support. Emergency Care: A Textbook for Paramedics. Elsevier Health Sciences, 164.

The most interesting thing I read for this session was:

1. How difficult it is to become a paramedic because I always considered their job to be an easy one.
2. The basic rules and awareness needed to maintain ones presence of mind, because of the unpredictability of the environment that surrounds the scene of incident
3. Always keep a clear route to escape because of the unpredictability of the situation.

Three main things I learned from this session were:

1. Awareness
2. Scene Safety
3. Body Substance Isolation

Previously, I thought the following were true, but I learned that they aren't:

1. That the job of a paramedic does not involve a whole lot of things because it is definitely not the case.

2. I thought that during a trauma call, we have to learn only the position of the patient but it is not the case because we don't only get the position but the when, what, how and how hard along with it as well.

3. I thought paramedics didn't have any partners but I thought wrong because their worst fear is to get separated from their partner under extreme conditions

I thought we would have/should have covered this topic, but we didn't:

1. How to give CPR because it is an essential commodity to a rescue.

2. How to control the surroundings because of their harsh nature.

3. How to maintain a clear exit because of its potential as an escape route

I found this new or surprising:

1. That family pets want to kill because they must have had adapted in their environment.

2. Mental preparation is important for any paramedic because it helps him/her to deal with issues much more quickly.

3. That paramedics are only allowed to make minor surgeries because I thought that they are given the permission to do whatever is required at that time.

Some things I have changed my mind about, as a result of this topic are:

1. That every person should take up a course on paramedics because there is no telling when one is the midst of a disastrous situation.

2. Approaching a patient is simple but actually helping someone is an art because there are a lot of things that one has to consider

3. Focus on the ABC's is essential because it ensures the proper preliminary diagnoses of the patient

Some things I learned in this topic that I may be able to use in future are:

1. To evaluate the critical signs and symptoms of the patient because as a paramedic, I should know how to assess the condition of my patient
2. How to control my time because it is of the utmost importance to make the right decisions while taking the least time for any sort of response.
3. How to approach a patient because sometimes the severity of the case calls for an immediate response.

I am still unsure about

1. Trauma calls
2. Working through differential diagnoses
3. MCI

Issues that interested me a lot, and that I would like to study in more detail are:

1. MOI because it gives a complete sketch of the incident
2. Medical calls because i want to know how we can judge the nature of an illness by just a simple call.
3. Definition of all the hostile environments known to a paramedic because it can allow me to pursue my job with ease while being efficient and conscious at the same time.

Things I most liked about this session (things to keep) were...

1. Calling an EMS supervisor because it is definitely overlooked many times.
2. The details covered both in call completion and patient approach because it can help the new paramedics in understanding their job well.

Things I most disliked about this session (things to change) were...

1. Not help people inside the box because our lives can turn out to be in

danger

Miscellaneous interesting facts I learned in this session...

(It was interesting to read that paramedics are even cautious about pet animals, there must have been quite a load of incidents concerning this.)