

SOP Template: Patient Assessment and On-site Care Protocols

Objective:

To provide timely, effective, and standardized care to patients at the site, ensuring their safety and stabilizing their condition until further medical treatment is available.

1. Scope

This SOP applies to all on-site healthcare personnel responsible for assessing, treating, and transferring patients in emergency or non-emergency situations.

2. Responsibilities

- On-site healthcare providers: Primary patient assessment, documentation, immediate intervention.
- Team Leader/Supervisor: Oversight, resource allocation, liaison with external medical services.
- All staff: Compliance with protocol, patient dignity, accurate reporting.

3. Procedure

3.1 Initial Patient Evaluation

- Ensure scene safety before approaching patient.
- Introduce yourself and obtain consent if the patient is conscious.
- Assess responsiveness (AVPU: Alert, Verbal, Pain, Unresponsive).
- Check airway, breathing, and circulation (ABCs).
- Initiate spinal precautions if trauma suspected.

3.2 Vital Signs Monitoring

Vital Sign	Frequency	Parameters
Heart Rate	Initial and every 10-15 minutes	Rate, rhythm, strength
Respiratory Rate	Initial and every 10-15 minutes	Rate, depth, effort
Blood Pressure	Initial and every 15 minutes	Systolic/Diastolic readings
Oxygen Saturation (SpO ₂)	Initial and as indicated	Percentage value
Temperature	As indicated	Core body temperature

3.3 Injury and Symptom Documentation

- Document all observed injuries, including location, severity, and nature (e.g., laceration, edema).
- Record all patient-reported symptoms and time of onset.
- Use standardized forms or digital platforms as available.

3.4 Immediate Medical Interventions

- Administer first aid as per guidelines (e.g., bleeding control, immobilization, CPR).
- Provide oxygen therapy if indicated.
- Administer approved medications per protocol or standing orders.
- Monitor and document intervention responses.

3.5 Communication with Emergency Services

- Contact emergency medical services (EMS) as needed with concise report: patient status, interventions, current

condition.

- Use SBAR (Situation, Background, Assessment, Recommendation) or ISBAR format for handover communication.

3.6 Patient Transfer Procedures

- Select appropriate mode of transfer (ambulance, stretcher, wheelchair) based on patient condition.
- Ensure medical documentation and identification accompany patient.
- Provide detailed verbal and written handover to receiving team/EMS.

3.7 Continuous Care Monitoring

- Reassess vital signs and symptoms at regular intervals until transfer or discharge from care.
- Monitor for deterioration or new symptoms and escalate care as needed.

4. Documentation

- Record all assessment findings, interventions, and patient responses in the patient care report promptly and legibly.
- Ensure documentation is completed before transfer or termination of care.

5. References

- *Advanced Trauma Life Support (ATLS) Guidelines*
- *Local EMS protocols*
- *Site-specific emergency policies*

6. Review and Updates

- This SOP should be reviewed annually or when procedural changes are initiated.
- All staff will be trained on updates and required to demonstrate competency.