

Chapter 1 - Guided Notes Answer Key

Three Most Important Concepts (Sample Answers)

- Concept 1: The general impression is an eyes-on patient read done before any equipment is used.
Concept 2: During the compensation phase, vitals can look normal while a patient is deteriorating.
Concept 3: Anchoring and confirmation bias can cause you to miss critical warning signs.

Fill in the Blank

- 1. general impression
- 2. compensation
- 3. trends
- 4. high-acuity
- 5. anchoring

Matching

- 1. C
- 2. D
- 3. A
- 4. B
- 5. E

True / False

- 1. False
- 2. True
- 3. True
- 4. False
- 5. True

Fill in the Table

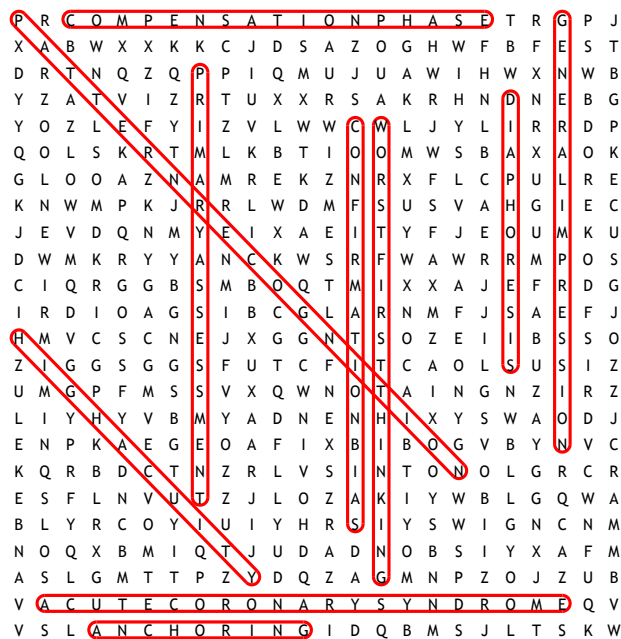
Prompt	Response
What does the general impression assess?	How sick the patient looks — skin color, posture, breathing, alertness
What two conditions can cause the compensation phase?	Shock and ACS (acute coronary syndrome)
What does anchoring bias cause an EMT to do?	Lock onto one early detail and build the whole story around it, ignoring new signs
What question breaks worst-first thinking into action?	“What is the worst this could be right now?”
What should you do when presentation and vitals conflict?	Treat the patient as high-acuity until proven otherwise

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Application Question (Sample Answer)

You should treat the patient as high-acuity and communicate your concerns clearly to your partner. Pale skin and diaphoresis are signs that may indicate shock or ACS even when vitals appear borderline normal. Relying only on numbers and downgrading the call could allow a deteriorating patient to go untreated.

Clinical Decision-Making Under Uncertainty



Clinical Decision-Making Under Uncertainty

Across

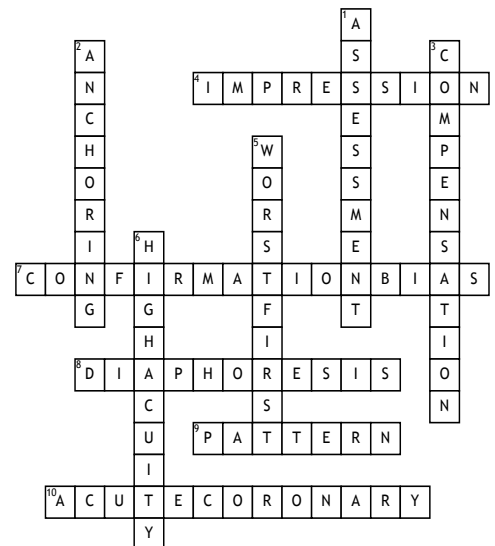
4. Your rapid, eyes-on read of the patient at the start of every call – the first step of the primary assessment. General ____

7. The habit of looking only for information that supports what you already believe and ignoring signs that don't fit. (Two words)

8. Abnormal, heavy sweating that is often a warning sign of a serious medical event like shock or a heart attack.

9. The brain's ability to quickly match what it observes to known conditions or situations based on training and experience. ____ Recognition

10. A serious heart condition – including heart attacks – where blood flow to the heart is blocked or severely reduced. ____ Syndrome



Down

1. The first structured evaluation of a patient that focuses on identifying and addressing immediate life threats. Primary ____

Chapter 1 - Hypothetical & Clinical Case Study Answer Keys

Hypothetical Answer Key

Scenario 1 — The Patient Who Looks Wrong

- a) Pale skin and diaphoresis suggest possible compensation — appearance signals what vitals are not yet showing.
- b) Describe specific findings: skin signs, behavior, and the conflict between appearance and numbers.
- c) A compensating patient can deteriorate rapidly with no care in place.

Scenario 2 — The Gym Collapse

- a) Cardiac event — chest-grabbing before collapse and continued pallor make this a priority rule-out.
- b) One reading cannot confirm stability; a trend is needed.
- c) Anchoring to overexertion could cause you to miss early ACS.

Scenario 3 — The Monitor Tells a Different Story

- a) The 12-lead captures cardiac electrical activity that vitals and self-report cannot reveal.
- b) ST changes indicate abnormal cardiac activity regardless of how the patient feels.
- c) Confirmation bias — seeking calm as proof of stability while ignoring objective monitor findings.

Scenario 4 — The Back Pain That Is Not Just Back Pain

- a) BP dropping from 136/84 to 122/76 in ten minutes overrides the patient's explanation.
- b) A downward trend signals the body may be losing its ability to compensate.
- c) An aortic emergency or internal hemorrhage could go undetected until the patient crashes.

Clinical Case Study Answer Key

1. Pale, diaphoretic skin; jaw discomfort; repeated repositioning; downward-trending vitals; subtle ST changes on 12-lead.
2. Attaching the cardiac monitor — ST changes provided objective evidence that escalated the call and triggered a hospital pre-alert.
3. Mr. Caldwell would have been left untreated during an active STEMI, significantly reducing his chance of survival or full recovery.

Chapter 1 - Reflective Scenario & Action Plan Answer Keys

Reflection Question Answer Key

1. General Impression

Skipping the general impression means missing life threats that vital signs have not reflected yet. It is the first step of the primary assessment because appearance — skin color, posture, breathing, behavior — often signals a serious condition before any monitor does.

2. Speaking Up With Clinical Language

Vague language like “he looks bad” gives a partner or hospital nothing to act on. Specific observations — pale skin, diaphoresis, jaw discomfort, downward-trending BP — are clinical evidence. The more precise your communication, the more seriously your concern will be taken.

3. Anchoring Bias

Asking “What is the worst this could be?” breaks the anchor before it sets. When a patient and dispatch note both point the same direction, that alignment can feel like confirmation — but it is exactly when you need to slow down and look for what does not fit.

Extension Reflection Answer Key

Strong responses connect a personal experience of noticing something was wrong to the clinical habits in this lesson — general impression, specific communication, and worst-first thinking. The response should show that acting on early recognition is a professional responsibility, and that staying silent is a choice with consequences.

Teaching & Lecture Notes

Introduction

- Lesson centers on clinical decision-making when the picture is unclear
- Core question: What do you do when your gut and the monitor disagree?
- Connects directly to NREMT Patient Assessment domain (20% of the exam)
- Frame early: “Great EMTs don’t just read numbers — they read patients”
- Open with the Mr. Caldwell scenario — let students react before teaching

Key Components

General Impression & Primary Assessment

- General impression is the first clinical action — before equipment
- Covers: skin color, posture, breathing effort, alertness, behavior
- Connects to ABCs — designed to catch immediate life threats
- The monitor confirms what you see; it does not replace your eyes
- Students often underestimate this step — emphasize it heavily

Compensation Phase

- Body response to shock or ACS: maintains BP and HR temporarily
- Vital signs can appear near-normal while the patient deteriorates
- Key teaching moment: “Normal-looking vitals in a visibly sick patient = red flag”
- Examples: early hemorrhagic shock, STEMI with atypical presentation

Vital Sign Trending

- Single readings are snapshots; patterns tell the story
- Teach students to take, document, and compare serial vitals
- A dropping BP — even within normal range — is a deterioration signal

Sick vs. Not Sick

- Not a guess — rapid pattern recognition from observed clinical data
- Students should practice verbalizing what they see: “pale, diaphoretic, restless”
- Ties to primary assessment flow: general impression → airway → breathing → circulation

Clinical Communication & Advocacy

- Reinforce the difference between “he looks bad” and clinical description
- Students need language: skin signs, behavioral changes, trending vitals
- Advocacy is a professional skill — presenting evidence, not arguing
- Communication failures are a leading cause of poor patient outcomes in EMS

Cognitive Bias in EMS

- Anchoring: fixed on one story, stops looking for new data
- Confirmation bias: seeks supporting evidence, discards what does not fit
- These are normal brain functions — not moral failures
- Antidote: worst-first thinking — “What is the worst this could be right now?”

Chapter 1 - Lecture Notes Continued

Applications

- Role-play: partner disagrees with your read — how do you communicate?
- Scenario drill: identical vitals with two different visual presentations
- General impression walks — students call out observations before touching the patient
- Introduce serial vitals documentation as standard practice
- Small group: identify anchoring and confirmation bias in example scenarios

Implications

- These skills directly affect patient outcomes and NREMT performance
- Cognitive bias is real, recurring, and correctable with training
- Communication quality determines the quality of care the hospital delivers
- Building clinical judgment early creates safer, more confident new EMTs

Discussion Questions

1. A patient's vital signs are borderline normal but they look pale, sweaty, and restless. Your partner wants to clear the scene. What do you say, and how do you say it?
2. You realize halfway through an assessment that you already decided what was wrong before you finished gathering information. What bias does that describe, and how do you reset?
3. Why is “he looks bad” not useful clinical communication? What would you say instead?
4. What is the difference between a single vital sign reading and a vital sign trend, and why does it matter in EMS?
5. A patient insists they are fine and wants to refuse transport, but your general impression disagrees. How do you balance patient autonomy with your professional responsibility?

Conclusion

- Summary: three skills — observe first, track trends, speak up clearly
- Reinforce: every call sharpens clinical judgment
- Close with identity language: “This is how real EMTs think — and you are building that now”