INITIAL HISTORY QUESTIONS

The absolute minimum amount of history that should be gathered for each patient in the pre-hospital environment is contained in the mnemonic AMPLE.

A Allergies

M Medications

P Past History

L Last meal/drink

E Events leading up to the injury or illness

These should be some of the first questions asked of every patient; after chief complaint, duration of chief complaint and mechanism of injury/history of the present illness.

If the patient is stable upon presentation, an AMPLE history can usually be gathered during the routine questioning of the patient. However, in unstable patients, or patients whose mechanism of injury suggests the potential for significant complications, AMPLE should be gathered immediately. Why is an AMPLE history of such importance that it should be gathered immediately? A potentially unstable patient can lapse into unconsciousness at any moment, denying the paramedic any possible chance of eliciting a first-hand history. Obtaining an AMPLE history early in the presentation would guarantee that the hospital will have the basic information that could be beneficial to the surgeon or anesthesiologist in the event the patient required immediate surgical intervention for stabilization. Always obtain as much history as possible from the patient while the patient is capable of communicating with you.

Allergies - Allergic reactions the patient may have experienced from any type of medication, either prescription or over the counter (radio-opaque ionic contrast agents, sulfa compounds, penicillin, aspirin), airborne allergens (pollen, animal fur, dander, dust), foods (shellfish, strawberries, or chocolate), or environmental (honey bees, wasps). Find out when the most recent exposure was and what was the consequence of the exposure.

The significance of this question with regard to surgical intervention is that it would clue the anesthesiologist to possible allergic/anaphylactic reactions to certain anesthetic agents. Also, if prophylactic antibiotics are to be administered to the patient either during or after surgery, a proper antibiotic selection can be made.

Regarding the medical patient, this question allows insight as to the possibility of an allergic reaction to a medication, or group of medicatons, as well as the environmental or food possibilities.

Medications - Find out about any and all medications that the patient is currently taking. This should include prescription medications as well as over the counter (OTC) preparations. The patient's compliance with their medication schedule should also be verified. Ask the patient, and/or check the prescription bottle. Count the number of pills in the bottle. Look at the prescription label and note the number of pills dispensed. Then look at the date of the prescription and the dosage. Determine the number of days that have elapsed since the prescription was dispensed, and multiply that number by the number of pills to be taken per day. Subtract this number from the original number of pills dispensed. The answer should be within 1 or 2 of the number of pills in the bottle.

Could the patient be taking any medications that might cross react with another medication, such as an anesthetic or a cardiac drug? Is there a potential overdose situation?

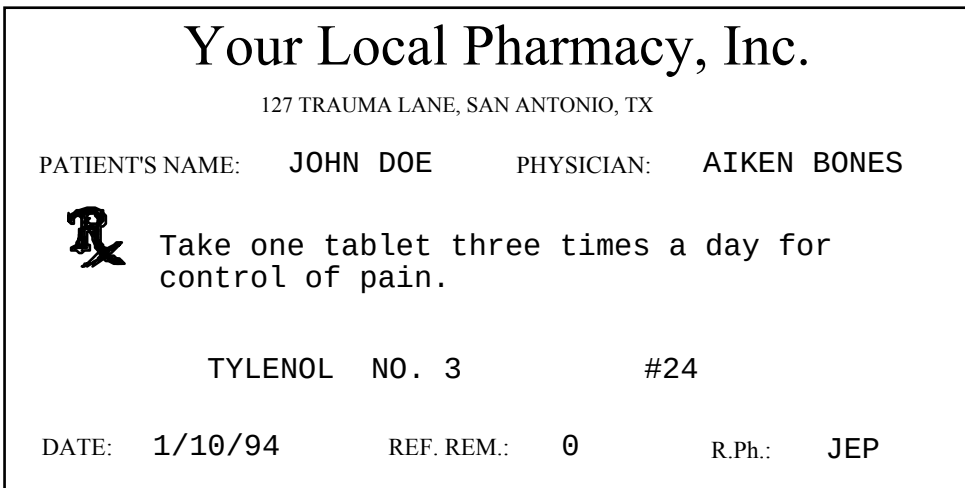

FIG. 1 THIS LABEL SHOWS THE NAME OF THE PATIENT (JOHN DOE), THE PHYSICIAN'S NAME (DR. AIKEN BONES), AND THE INITIALS OF THE DISPENSING PHARMACIST (JEP). IT ALSO SHOWS THE DATE THE PRESCRIPTION WAS FILED (JAN. 10, 1994), THE TYPE OF MEDICATION DISPENSED (TYLENOL #3) AND THE AMOUNT DISPENSED (24). THE DOSAGE SCHEDULE ON THE LABEL INDICATES THAT THIS MEDICINE IS TO BE TAKEN EVERY 8 HOURS, OR THREE TIMES A DAY. THIS PRESCRIPTION IS ALSO THE LAST (OR ONLY) PRESCRIPTION FOR THIS MEDICATION, I.E., THERE ARE NO REFILLS AVAILABLE (**REF**ILLS **REM**AINING: 0).

Past History - This should include past medical conditions, current medical conditions, as well as any surgical history.

Does the patient have a pre-existing condition that could complicate a surgical procedure? Could the pre-existing condition contraindicate the use of certain medications, or possibly require that the dosage be changed?

Last meal and drink - What was the patient's last meal and when was it eaten? What was the last fluid ingested by the patient and what was the fluid? If the liquid was alcoholic in nature, how much was ingested over what period of time?

Alcohol could; mask pain, mimic or mask neurological deficits, or change the way anesthetics or other drugs work. Food in the stomach could potentially obstruct the airway, either prior to, or during intubation.

Events prior to the episode - If the patient's chief complaint is the result of trauma, what was happening around the patient prior to the traumatic experience (traffic conditions, weather etc.). What was the patient doing when the trauma occurred? What can the patient remember about the event? Can the patient remember everything that occurred, only the events afterwards (or before), or is there an overall "haziness" to events past and present? This is referred to as the Mechanism of Injury (MOI)

A loss of memory may heighten suspicion of a head injury. A first-hand report of the circumstances surrounding a traumatic event is always preferable to a "best guess" based on scene assessment alone. This question also establishes a baseline for subsequent AVPU evaluations.

If the chief complaint is medical in nature, what were the signs and symptoms prior to the patient calling for EMS? The line of questioning should begin from the last time the patient felt "well" up to the present moment. This is referred to as the History of the Present Illness (HPI).

Medical conditions often have a gradual onset, and early symptoms may become masked by more pronounced symptoms that present as the illness progresses.

Never forget that trauma can have an underlying medical cause.