COMPANION GUIDE TO ONLINE TRAINING

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MED-02: KNOW YOUR PATIENT
STUDENT COMPANION GUIDE

Medical History as a Preparedness Skill

SAMPLE History, OPQRST Pain Assessment, Austere Decision Framework, Patient Handoff

S | A | M | P | L | E + O | P | Q | R | S | T

Edition v1.0 | 2026

Semper Paratus, Semper Gumby

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MED-02: KNOW YOUR PATIENT — STUDENT COMPANION GUIDE

Companion Guide to Online Training

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ORDER MATTERS

Do not open any section of this guide until the corresponding online lesson has been completed. The condensed summaries here are reference material, not instruction. Prerequisites: MED-01 MARCH-PAWS, MED-03 DCAP-BTLS. The sequence is required, not suggested.

HOW TO USE THIS GUIDE

> *This guide supplements the MED-02 online course. Use it to review key frameworks, complete written exercises, and build the habits that make structured assessment automatic under stress.*

Workbook Structure

- Reference Cards — Quick-access summaries of SAMPLE, OPQRST, Austere Decision Check, and MIST/SBAR formats
- Practice Forms — Blank templates for field use and drill repetition
- Scenario Worksheets — Three capstone cases with structured response spaces
- Field Quick-Reference — One-page laminate-ready summary

Study Recommendations

- Complete each online lesson first, then return here for the corresponding reference card
- Do the scenario worksheets before reviewing answers in Lesson 7 — challenge yourself first
- Complete a SAMPLE baseline profile for yourself and each household or team member
- Laminate the field quick-reference card and keep it with your kit

Prerequisites: *MED-01 MARCH-PAWS Tactical Trauma, MED-03 DCAP-BTLS.*

Cross-references: *MED-05 MEDEVAC Request, MED-06 Patient Care Documentation, MED-08 CASREP.*

REFERENCE CARD 1 — SAMPLE MEDICAL HISTORY

SAMPLE gathers the patient's broader medical context. Complete this before OPQRST to understand who you're treating and what risks are already in play.

	Element	What to Assess & Why It Matters
S	**Signs & Symptoms**	What is abnormal now? What is normal for this person? What is worsening? Use OPQRST to expand symptoms into a full pain profile.
A	**Allergies**	Medications, foods, insects, environmental triggers. In austere settings, one drug choice may be all you have — allergies determine safety.
M	**Medications**	What they take, doses, last taken, running low. Flag high-risk: insulin, cardiac meds, seizure meds, blood thinners, immunosuppressants.
P	**Past Medical History**	Heart disease, diabetes, asthma/COPD, seizures, kidney disease, immune compromise. These change survival timelines and work assignments.
L	**Last Oral Intake**	Food, water, alcohol, caffeine. For females: last menstrual period. Intake patterns affect resilience under heat, exertion, and stress.
E	**Events Leading Up**	What happened right before this? Heat/cold exposure, stress, overexertion, missed meals, poor sleep, trauma, bite, fall.

High-Risk Medications to Flag

- Insulin / diabetes medications — missed doses + physical stress = rapid decompensation
- Cardiac medications (beta-blockers, antiarrhythmics, anticoagulants)
- Seizure medications — interruption can trigger breakthrough seizures
- Immunosuppressants — infection risk dramatically increases under supply disruption
- Blood thinners (warfarin, apixaban) — trauma + anticoagulation = controlled hemorrhage problem

Key Preparedness Principle

SAMPLE is not just for emergencies. Build a baseline profile for every household and team member before a crisis occurs. Waiting until someone is injured is too late to discover critical information.

REFERENCE CARD 2 — OPQRST PAIN ASSESSMENT

> *OPQRST expands the Signs & Symptoms section of SAMPLE. Use it for any complaint involving pain, shortness of breath, dizziness, nausea, or altered function. This is a decision tool — not a diagnosis.*

	Element	What to Ask & Clinical Significance
O	**Onset**	When did it start? Sudden or gradual? At rest or during activity? Sudden onset problems tend to degrade faster in austere settings.
P	**Provocation / Palliation**	What makes it worse? What makes it better? Movement, breathing, position, food, heat, cold? Differentiates musculoskeletal vs. internal.
Q	**Quality**	Let the patient describe it: sharp, crushing, burning, pressure, tearing, dull, aching, throbbing. Changes in description over time matter as much as the initial answer.
R	**Region / Radiation**	Where exactly is it? Does it move or spread? Migration or radiation often signals escalating risk (e.g., cardiac referral to jaw/left arm).
S	**Severity**	0–10 scale. Focus on trend: is it worsening? Is tolerance decreasing? Is it interfering with function? Track trajectory, not just the number.
T	**Time**	Constant or intermittent? Getting worse, better, or unchanged? Previous similar episodes? Time reveals trajectory — trajectory determines urgency.

Red Flag Pattern Recognition

Pattern	Consider	Field Action
Sudden + crushing/pressure + 8–10/10 + radiates to arm/jaw	Cardiac emergency	Rest, ASA if no contraindication, urgent evacuation
Gradual + RLQ pain + worsens with movement + fever	Possible appendicitis	Antibiotics if available, NPO, prepare evacuation
Sudden + tearing + back/chest + hypertension hx	Aortic emergency	Minimize exertion, urgent evacuation — no delay
Progressive + exertional dyspnea + worsening over hours	Respiratory compromise	Position of comfort, O2 if available, monitor closely
Dull + diffuse + improves with rest + no fever	Musculoskeletal / fatigue	Splint/rest/ice/elevate, monitor for change
RUQ pain + nausea + after fatty meal	Biliary / gallbladder	NPO, hydrate, pain management, plan evacuation

REFERENCE CARD 3 — AUSTERE DECISION FRAMEWORK

> *In austere or wilderness environments, OPQRST findings feed five critical decisions. Every assessment should end with these five questions — not just symptom documentation.*

1. Stable, Worsening, or Time-Limited?

Stable = monitor. Worsening = act now. Time-limited (altitude sickness, hypoglycemia) = intervene before the window closes.

2. Manage Here or Move Now?

Can this condition be managed with available resources for 24–72 hours? If no, evacuation planning starts immediately — not later.

3. Will Exertion Make This Worse?

Cardiac, respiratory, and altitude complaints deteriorate with exertion. Planned movement must account for the patient's medical load.

4. Treat Now or Conserve Resources?

Limited medications, supplies, and personnel require triage logic. Reserve definitive treatments for worsening or non-recovering patients.

5. Change Evacuation Priority?

Reassess after every OPQRST cycle. A stable patient who begins worsening overnight has changed priority — the plan must change with them.

Environmental Modifiers

Environment	Primary Risks	Key Assessment Points
Heat	Hyperthermia, rhabdomyolysis, electrolyte depletion	Hydration status, urine output, cramping, mental status
Cold	Hypothermia, frostbite, Raynaud's, cardiac arrhythmia	Core temp, extremity sensation, mental status changes
Altitude	AMS, HACE, HAPE — rapid decompensation above 8,000 ft	Headache onset, ataxia, dyspnea at rest, confusion
Dehydration	Impaired cognition, cardiovascular stress, medication toxicity	Last oral intake, urine color/frequency, HR/BP trend
Waterborne illness	Giardia, crypto — GI losses compound dehydration rapidly	Onset timing post-exposure, diarrhea frequency, hydration

Reassessment Cycles

Patient Status	Reassessment Interval
Stable	Every 4–6 hours or with any change in condition
Monitoring for change	Every 1–2 hours or with any change in status
Active deterioration	Every 15–30 minutes — consider evacuation trigger
Post-treatment	15–30 minutes after any intervention to assess response

REFERENCE CARD 4 — PATIENT CARE HANDOFF

> *A handoff is the transfer of patient information and responsibility. Done poorly, it creates gaps that get people killed. MIST is the standard for tactical/field handoff. SBAR is preferred for provider-to-provider transfer.*

MIST — Tactical Field Handoff

Use MIST when handing off to MEDEVAC, higher care, or another provider in the field. See also: MED-05 MEDEVAC Request, MED-08 CASREP.

	Element	What to Report
M	**Mechanism / Chief Complaint**	How was the patient injured or what is their chief complaint? Include relevant environment (fall, heat exposure, cardiac event, etc.)
I	**Injuries / Illness Found**	What did you find on assessment? Use MED-03 DCAP-BTLS findings if trauma; SAMPLE/OPQRST summary if medical.
S	**Signs / Symptoms**	Vital signs if obtained. Key OPQRST findings. Trajectory — stable, worsening, or improving.
T	**Treatments Given**	What was done? Medications (name, dose, route, time). Procedures. Immobilization. Patient response.

SBAR — Medical Provider Handoff

Use SBAR when transferring to a physician, nurse, or advanced medical provider. More context-heavy than MIST; includes background and recommendation.

	Element	What to Communicate
S	**Situation**	Who are you? Who is the patient? What is happening right now?
B	**Background**	Relevant SAMPLE history: PMH, medications, allergies, events leading up.
A	**Assessment**	Your assessment of the problem. What do you think is going on? What has changed?
R	**Recommendation**	What do you need? What is your evacuation recommendation? What should the receiving provider know?

PRACTICE FORM 1 — SAMPLE BASELINE PROFILE

> *Complete one profile per household or team member. Store copies in go-bags and emergency binders. Update when medications or medical status change.*

Name / Callsign: _____

Date of Profile: _____

DOB / Age: _____

Blood Type: _____

S — Signs & Symptoms (Baseline)

What is normal for this person? Chronic conditions, recurring complaints, exercise tolerance.

_____

_____

_____

A — Allergies

Medication allergies: _____

Food allergies: _____

Environmental allergies: _____

_

Reaction type / severity: _____

_

M — Medications

Medication 1 (name / dose / frequency): _____

_____

Medication 2: _____

Medication 3: _____

High-risk flags (insulin, cardiac, seizure, anticoagulant): _____

_____

Supply on hand (days): _____

P — Past Medical History

_____

_____

_____

L — Last Intake (Baseline Patterns)

Typical daily water intake: _____

Dietary restrictions: _____

Caffeine / alcohol dependence: _____

LMP (if applicable): _____

E — Events / Triggers

Known triggers: heat, cold, stress, exertion, sleep deprivation, missed meals.

_____

_____

_____

PRACTICE FORM 2 — OPQRST ASSESSMENT FORM

> *Use for any active complaint. Complete a new form at each reassessment cycle and note the time.*

Patient name / ID: _____

Date & Time of Assessment: _____

Chief Complaint: _____

O — Onset

When did it start: _____

Sudden or gradual: _____

At rest or during activity: _____

P — Provocation / Palliation

What makes it worse: _____

What makes it better: _____

Q — Quality

Patient's own words: _____

R — Region / Radiation

Primary location: _____

Does it radiate or move: _____

S — Severity

Pain scale (0–10): _____

Trend: worsening / stable / improving: _____

T — Time

Constant or intermittent: _____

Trend since onset: _____

Austere Decision Check

1. Stable / worsening / time-limited: ____

2. Manage here or move now: ____

3. Will exertion worsen this: ____

4. Treat now or conserve resources: ____

5. Change evacuation priority: ____

PRACTICE FORM 3 — PATIENT CARE HANDOFF (MIST)

> *Complete prior to patient transfer, MEDEVAC request, or CASREP submission. See MED-05 and MED-08 for related formats.*

Patient name / ID: _____

Date & Time of Handoff: _____

Handing Off To: _____

M — Mechanism / Chief Complaint

_____

_____

_____

I — Injuries / Illness Found

_____

_____

_____

_____

S — Signs / Symptoms

Vital signs (HR / RR / BP / SpO2 / Temp): _____

OPQRST summary: _____

Trajectory (stable / worsening / improving): _____

T — Treatments Given

Medication (name / dose / route / time): _____

Procedures / interventions: _____

Patient response to treatment: _____

Additional Notes

_____

_____

_____

CAPSTONE SCENARIO WORKSHEETS

Complete each scenario before reviewing the answer key in the online course (Lesson 7 — Capstone).
Challenge yourself: write out your full OPQRST assessment, austere decision responses, and MIST handoff before checking answers.

SCENARIO 1: CHEST PAIN AT ALTITUDE

PATIENT INFORMATION

Patient: Male, 58 years old
Setting: Backcountry camping, elevation 10,400 ft, Day 3 of trip
Chief Complaint: Chest pain and shortness of breath
History: Hypertension, hyperlipidemia. Takes metoprolol and atorvastatin daily.
Last dose: metoprolol taken this morning. Ate breakfast 3 hours ago. No known drug allergies.
Events: Was carrying a heavy pack on a steep ascent when he stopped, said he felt pressure in his chest.
Onset: Sudden. Pain is 8/10, crushing, radiates to left shoulder. Slightly better at rest.
Breathing is labored. Skin pale and diaphoretic. HR 96, slightly irregular.

Step 1 — Complete your OPQRST assessment (O, P, Q, R, S, T):

Step 2 — Austere Decision Check (answer all 5 questions):

Step 3 — Write your MIST handoff report:

Step 4 — What is your primary concern and immediate actions?

SCENARIO 2: ALTERED MENTAL STATUS IN A DISASTER SHELTER

PATIENT INFORMATION

Patient: Female, 67 years old
Setting: Community disaster shelter, Day 4 after a grid-down event
Chief Complaint: Confusion and weakness
History: Type 1 Diabetes (insulin-dependent). Normally takes insulin glargine 18 units nightly.
Insulin supply: Ran out of glargine last night. Has rapid-acting insulin lispro remaining.
Last meal: Half a granola bar approximately 6 hours ago. Very poor food supply at shelter.
Allergies: Penicillin (rash).
Events: Found by shelter staff sitting on the floor, confused and shaking.
Assessment: Diaphoretic, trembling, responds to voice but confused. Can't state her name reliably.
No glucometer available. Last known blood sugar (4 hours ago) was 88 mg/dL.

Step 1 — What does your SAMPLE history tell you about the likely cause?

Step 2 — Complete OPQRST for the chief complaint (altered mental status):

Step 3 — Austere Decision Check (answer all 5 questions):

Step 4 — What is your immediate treatment priority and MIST handoff?

SCENARIO 3: CHEST TRAUMA ON A RIVER TRIP

PATIENT INFORMATION

Patient: Female, 42 years old
Setting: Remote river canyon, 2-day paddle from nearest road
Chief Complaint: Chest pain and difficulty breathing after a capsize
History: Asthma (well-controlled, uses albuterol PRN). Currently on oral contraceptive pills (OCP).
Allergies: Latex (anaphylaxis). No medication allergies.
Events: Kayak capsized in a rapid. Patient was pinned briefly against a rock before being rescued.
She complained of immediate left-sided chest pain. Pain is sharp, 7/10, worsens significantly with breathing.
Deep breaths are very limited. HR 102. Breath sounds appear decreased on the left.
Denied loss of consciousness. No head injury.

Step 1 — Complete your OPQRST for the chest pain:

Step 2 — What specific trauma findings are you concerned about? (See MED-03 DCAP-BTLS)

Step 3 — How does her OCP use factor into your assessment (PE differential)?

Step 4 — Austere Decision Check:

Step 5 — Complete your MIST handoff. Include the latex allergy prominently.

FIELD QUICK-REFERENCE — LAMINATE & CARRY

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SAMPLE + OPQRST

S Signs & Symptoms — use OPQRST to expand
A Allergies
M Medications (flag high-risk)
P Past Medical History
L Last Oral Intake
E Events Leading Up

O Onset (sudden/gradual, rest/activity)
P Provocation / Palliation
Q Quality (patient's own words)
R Region / Radiation
S Severity + TREND
T Time (constant / intermittent / trend)

DECISION CHECK

1. Stable / worsening / time-limited?
2. Manage here or move now?
3. Will exertion worsen this?
4. Treat now or conserve resources?
5. Change evacuation priority?

MIST HANDOFF

M Mechanism / Chief Complaint
I Injuries / Illness Found
S Signs & Vital Signs + Trend
T Treatments Given + Response

REASSESSMENT

Stable: q4-6h | Monitoring: q1-2h
Deteriorating: q15-30min
Trend beats snapshot.

HIGH-RISK MEDS: Insulin · Cardiac · Seizure · Anticoagulants · Immunosuppressants

See also: MED-01 MARCH-PAWS · MED-03 DCAP-BTLS · MED-05 MEDEVAC · MED-06 PCR · MED-08 CASREP