MED-02 Know Your Patient

The medical history framework that turns a list of symptoms into a patient you can treat.

BOTTOM LINE UP FRONT

MED-02 teaches the two structured history-taking frameworks used in PHTLS, TCCC, and every advanced EMS protocol: SAMPLE for baseline medical history, and OPQRST for active complaint assessment. You will learn how to gather complete patient information before a crisis occurs, how to expand any symptom into a full clinical picture in the field, and how to communicate that picture to the next provider in a format they can act on. Exercises, printable field cards, and a companion workbook are included. No prior medical training required.

WHY THIS MATTERS

Most preparedness groups plan for casualties but have never documented a patient history. A group member who cannot answer "What medications does he take?" when a provider arrives is a caregiver with no record. The MEDEVAC crew at the other end of the radio — the flight medic, the ER doc, the trauma surgeon — needs information in a predictable structure so they can act without asking clarifying questions. When that structure is missing, critical details are lost, treatment is delayed, and the handoff fails at the moment it matters most.

Every framework in this course exists because unstructured assessment fails under stress, fails at distance, and fails at speed. SAMPLE captures the complete baseline before a crisis. OPQRST converts a vague complaint into a clinical picture in under two minutes. MIST gives the receiving provider exactly what they need in the format they expect. Together they cover every patient interaction a preparedness group will encounter.

► **This is the only preparedness course that teaches SAMPLE and OPQRST as an integrated patient assessment system — not as a quick-reference acronym list.**

THE EIGHT LESSONS

0	**Course Orientation** Course architecture, prerequisites, companion guide download, and how to use the knowledge checks.
1	**The Preparedness Case for Medical History** Why infrastructure collapses before symptoms do. How structured history replaces diagnostics in disaster and austere environments.
2	**SAMPLE — Building a Baseline Before Crisis** Signs and symptoms, allergies, medications, past medical history, last intake, and events leading up — documented before a crisis, used when it counts.
3	**OPQRST — Assessing the Active Complaint** Onset, Provocation, Quality, Region, Severity, Time. Using each element as a decision tool. Identifying the patterns that signal evacuation.
4	**Integrating SAMPLE + OPQRST** Conducting a full assessment without redundancy. Austere environment adaptations. The complete patient picture for unconscious or unresponsive patients.
5	**Austere and Wilderness Considerations** How altitude, heat, cold, dehydration, and waterborne illness change your findings and your decisions. Resource rationing and reassessment cycles.
6	**Patient Care Handoff Report** Translating field assessment data into a structured handoff. MIST and SBAR formats. Verbal and written handoff to higher medical care or emergency services.
7	**Scenario-Based Assessment — Capstone** Three full-scenario exercises: analyze patient information, complete SAMPLE and OPQRST, and write a complete handoff report. Reveal-answer assessments throughout.

HOW EACH LESSON WORKS

Doctrine first	Every framework element is taught with its clinical rationale — not just what to ask, but why the answer changes your treatment and your handoff.
Application second	Scenario-based exercises require students to conduct a complete assessment, identify red flag patterns, and produce a written handoff report under realistic field conditions.
Knowledge checks	Three to four questions per lesson test pattern recognition and decision-making, not memorization. Wrong answers explain the clinical reasoning behind the correct choice.
Field materials	The course includes a printable SAMPLE + OPQRST field card and a companion workbook with blank assessment forms, scenario worksheets, and reference tables.
Prerequisites	No medical background required. MED-01 (MARCH-PAWS primary survey) is strongly recommended. MED-03 (DCAP-BTLS secondary assessment) builds directly on MED-02.