

PRIMARY PATIENT ASSESSMENT

PURPOSE

The purpose of the primary survey is to identify and immediately correct life-threatening problems.

AUTHORITY

Health & Safety Code, Division 2.5. California Code of Regulations, Sections 1797.220 & 1797.221

POLICY

Any Police Officer, Firefighter, Public Safety Personnel shall begin first aid treatment of the patient until an EMT or first arriving ALS unit arrives on scene.

PROCEDURE

I. Scene Size Up:

- A. Recognize hazards, ensure safety of scene, and secure a safe area for treatment.
- B. Apply universal body/substance isolation precautions.
- C. Recognize hazards to patient, and protect patient from further injury.
- D. Identify the number of patients, and initiate ICS/MCI operations if warranted.
- E. Ensure an ALS resource and order additional resources.
- F. Consider/confirm air ambulance response.
- G. Initiate S.T.A.R.T. triage, if more than one patient.
- H. Observe position of patient(s).
- I. Determine mechanism of injury.
- J. Plan strategy to protect evidence at potential crime scene.

II. General Impressions:

- A. Check for life threatening conditions.
- B. Introduce self to patient.
- C. Determine chief complaint or mechanism of injury.

III. Airway:

- A. Ensure open airway.
- B. Protect spine from unnecessary movement in patients at risk for spinal injury.
- C. Ensuring an adequate airway supersedes spinal immobilization.
- D. Look and listen for evidence of upper airway problems and potential obstructions:
 1. Vomit
 2. Bleeding
 3. Loose or missing teeth
 4. Dentures
 5. Facial Trauma
- E. Utilize any appropriate adjuncts (OPA or NPA) as indicated to maintain airway.

IV. Breathing:

- A. Look, listen, and feel in order to assess ventilation and oxygenation.
- B. Expose chest, if necessary, and observe for chest wall movement.
- C. Determine approximate rate and depth and assess character and quality.
- D. Reassess mental status.
- E. Intervene for inadequate ventilation with:
 - Pocket mask or BVM device.
 - Supplemental oxygen.
- H. Assess for other life threatening respiratory problems and treat as needed.

V. Circulation:

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- A. Check for pulse and begin CPR and AED if necessary.
 - B. Control life-threatening hemorrhage with direct pressure.
 - C. Palpate radial pulse.
 - D. Determine absence or presence.
 - E. Assess general quality (strong/weak).
 - F. Identify rate (slow, normal, or fast).
 - G. Assess regularity (regular/irregular).
 - H. Assess skin for signs of hypo-perfusion/SHOCK or hypoxia (capillary refill, cyanosis, etc.).
 - I. Reassess mental status for signs of hypo-perfusion/SHOCK.
- VI. Level of consciousness:
- A. Determine need for spinal immobilization (refer to Spinal Immobilization Protocol).
 - B. Determine level of consciousness using AVPU
 - 1. Alert (alert, awake, aware of time, place, date, person, etc).
 - 2. Verbal (responds to verbal stimuli, i.e. answers questions and responds to commands).
 - 3. Pain (responds to painful stimuli, i.e. attempts to withdraw from pain).
 - 4. Unresponsive (patient unconscious or fails to respond to verbal and painful stimuli).
- VII. Expose, Examine & Evaluate:
- A. In situations with suspected life-threatening mechanism of injury, complete a Rapid Trauma Assessment.
 - B. Expose head, trunk and extremities.
 - C. Head to Toe for DCAP-BTLS
 - 1. Deformity
 - 2. Contusion/Crepitus
 - 3. Abrasion
 - 4. Puncture
 - 5. Bruising/Bleeding
 - 6. Tenderness
 - 7. Laceration
 - 8. Swelling
 - D. Treat any newly discovered life-threatening wounds as appropriate.