

# SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 01/01/11

Protocol: P-001

## PATIENT ASSESSMENT PRIMARY SURVEY

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

### **SCENE SIZE-UP / GLOBAL ASSESSMENT:**

- Recognize hazards, ensure safety of scene and secure a safe area for treatment.
- Apply appropriate universal body/substance isolation precautions.
- Recognize hazards to patient and protect from further injury.
- Identify number of patients and whether resources are needed:
  - Call for EMS and/or law enforcement back-up if appropriate;
  - Initiate Incident Command Structure System (ICS) if appropriate;
  - Initiate triage system if appropriate.
- Observe position of patient.
- Determine mechanism of injury.
- Plan strategy to protect evidence at potential crime scene.

### **GENERAL IMPRESSION:**

- Check for life threatening conditions.
- AVPU (**A**=alert, **V**=responds to verbal stimuli, **P**=responds to painful stimuli, **U**=unresponsive)
- Determine chief complaint or mechanism of injury.

### **AIRWAY:**

- Ensure open airway.
- Protect spine from unnecessary movement in patients at risk for spinal injury.
  - Ensuring airway patency supersedes spinal immobilization.
- Look and listen for evidence of upper airway problems and potential obstructions:
  - Vomitus
  - Bleeding
  - Loose or missing teeth
  - Dentures
  - Facial trauma
- Utilize any appropriate adjuncts as indicated to maintain airway.

### **BREATHING:**

- Look, listen, and feel assessing ventilation and oxygenation.
- Expose chest and observe chest wall movement if necessary.
- Determine approximate rate, depth and work of breathing.
- Obtain pulse oximetry reading if available.
- Intervention for inadequate ventilation and/or oxygenation:

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- Pocket mask BVM;
- Supplementary oxygen;
- Advance airway management if indicated after bag-valve mask ventilation.

## **CIRCULATION:**

- Check for pulse and begin CPR if necessary.
- **Note:** Defibrillation should not be delayed for CPR in witnessed arrest. If defibrillator is present and operator is qualified, use it to check patient for a shockable rhythm. In unwitnessed arrest, perform CPR for two minutes before defibrillation.
- Defibrillate according to the Cardiac Arrest VF-VT protocol.
- Control life-threatening hemorrhage with direct pressure.
- Palpate radial pulse if appropriate: absence or presence; quality (strong/weak); rate (slow, normal, or fast); regularity.
- Assess skin for signs of hypoperfusion or hypoxia.
- Reassess mental status for signs of hypoperfusion.
- Treat hypoperfusion if appropriate.

## **LEVEL OF CONSCIOUSNESS & DISABILITIES:**

- Determine need for C-Spine stabilization
- Determine Glasgow Coma Scale (GCS) Score:

Eye Opening	Verbal Response	Motor Response
4 = Spontaneous	5 = Oriented	6 = Obeys Commands
3 = To verbal stimuli	4 = Confused	5 = Purposeful / Localizes pain
2 = To painful stimuli	3 = Inappropriate words	4 = Withdraws to pain
1 = No Response	2 = Incomprehensible words	3 = Flexion to pain
	1 = No Response	2 = Extension to pain
		1 = No Response

## **USING THE GCS TO ASSESS INFANTS AND YOUNG CHILDREN:**

Eye Opening	Verbal Response	Motor Response
4 = Spontaneous	5 = Smiles, oriented to sounds, follows objects, interacts	6 = Obeys Commands
3 = To verbal stimuli	4 = Cries but is consolable; inappropriate interactions	5 = Purposeful/Localizes pain
2 = To painful stimuli	3 = Inconsistently consolable, moaning	4 = Withdrawal from pain
1 = No response	2 = Inconsolable, agitated	3 = Flexion to pain
	1 = No vocal response	2 = Extension to pain
		1 = No motor response

## **EXPOSE, EXAMINE & EVALUATE:**

- In situations with suspected life-threatening trauma mechanism, a Rapid Trauma Assessment should be performed:
  - Expose head, trunk, and extremities;

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- Rapid Trauma Assessment looking for life threatening injuries;
  - Head, Neck, Chest, Abdomen, Pelvis, Extremities.
- Treat any newly discovered life-threatening wounds as appropriate.