Survey the Scene and Initial Survey

Before you start	
Stop – Get Calm	Take a breath
Survey the scene **Barriers (gloves/eyes/mouth)**	• Safe? • Clues to what happened? (MOI – Mechanism of Injury/Illness) • How many patients? • What are your resources (people/supplies)? • Put on gloves before approaching patient (other barriers needed?)

Initial Survey	
Contact **Consent** **Control**	• Make contact with patient ▪ Responsiveness? If responsive, get consent ▪ Give your name ▪ Give your level of training ▪ Ask if you can help • Control the spine – ask not to move/put hand on forehead • Ask what happened and what hurts? Quickly check what hurts.
Airway	OK if answering questions
Breathing	OK if answering questions Ask to open mouth (anything in mouth) and take a deep breath. Pain?
Circulation **Severe Bleeding** **Radial Pulse**	• Severe bleeding check o Check under patient and under clothes, if required o Blood or pain detected? = Get to skin ASAP • If severe bleeding found = stop the bleeding (direct pressure) and treat for shock (lay patient down (with spinal precautions?) & maintain body temperature) • Wrist Pulse check – strong radial pulse & warm/pink/dry skin = blood pressure is ok. Pale, cool, clammy skin and fast weak pulse = possibly shock. Stop and Treat for Shock.
Disability Decision	• Trauma patient? ▪ Maintain spinal precautions • Unreliable patient? ▪ Maintain spinal precautions • Extra spinal precautions may be needed if: ▪ A significant fall – distance, speed, hit head, hit back ▪ Injury to head or back ▪ Abnormal feeling in legs, toes, hands or arms ▪ Have someone stabilize the patient's head • Reliable and Medical patient? ▪ Release spinal precautions
Environment	Life-threatening heat, cold, and burn problems • Heat stroke – stop and cool ASAP • Cold – severe – need to be very gentle/prevent further heat loss • Cold/wet patients – may need to stop & prevent further heat loss • Burns – stop and cool ASAP – unless electrical Treat trauma patients with spinal precautions

Focused Survey

Focused Survey	
Spinal Precautions	Maintain until Spinal Decision, unless reliable medical patient
Head to Toe Check **Slow** **Systematic** **Complete**	• Head – skull, ears, nose, eyes, mouth (loss of consciousness?) • Neck – back – spine check • Neck – front – trachea centered, bulging veins, medical alert • Shoulders and Clavicles • Ribs – squeeze sides – take a deep breath • Belly area – four quadrants around belly button – with your flat fingers feel for pain, rigidity, lumps, etc • Groin/Genital area – any pain, problems? Check as needed. • Hips – slowly push down on top of hip bones, then press together • Back – spine check and rest of back • Legs – check each one separately – squeeze and check joints • Feet – CSM checks – Circulation (warmth/color/pulse); Sensation (feel touch (one at a time), numbness/tingling); Motion (can they wiggle toes, gas pedal test – push and pull (both feet at same time). Medical alerts. • Arms – check each one separately – squeeze and check joints • Hands – CSM checks – Circulation (warmth/color/pulse); Sensation (feel touch (one at a time), numbness/tingling); Motion (can they wiggle fingers, strength test – squeeze two fingers (both hands at same time). Medical alerts.
Vital Signs **HR** **RR** **PERRL** **Skin** **Level of Consciousness** **LOC** **Alert and Oriented x 4** **A+Ox4** **V** **P** **U**	• Heart Rate (15 sec x 4) (60 – 90 normal) • Respiration Rate (30 sec x 2) (12 – 24 normal) • PERRL: Pupils are equal, round, react to light ▪ Flashlight or cover eyes and then remove hands quickly • Skin (color, temperature, dry/sweaty). If responsive, ask the 4 questions : • Who: What is your name? • Where: Where are you? • When: What day / time is it? • What: What happened? If unconscious – are they responsive to: • Verbal stimulus – reacts to your voice [tries to open eyes, groans, grimaces] • Pain – reacts to pain stimulus – pinch hand hard [groans, grimaces] • Unresponsive – does not react to verbal or pain stimulus
Patient History **S OPQRST** **A** **M** **P** **L** **E**	• Symptoms – find out more about pain, problems breathing, etc ▪ OPQRST (typically for medical problems) [Onset, Provocation, Quality, Radiation, Severity, Time] • Allergies – food, medication, bites and stings, chemicals, etc • Medications – what taking on a daily basis, doctor recommended. Sober (alcohol or recreational drugs) • Past medical history – heart problems, breathing problems, diabetes, seizures, etc • Last intake and output – intake of food and fluids; recent urination and defecation, were they normal? • Events leading up to incident – why did the incident happen? • Anything else I should know about? Anything else hurts?

Trauma Patient - Spinal Decision

Trauma Patient – Decision Process	
Before you start	• Initial and complete Focused Surveys must be done • All steps on previous page must be done
Is patient reliable?	• No – Stop and immobilize – unless a clear medical patient, no trauma involved. • Yes – Continue with spinal assessment process
3 Types of Patients	• A patient will fall into one of the following situations:
Situation 1: Patient has: **Signs or symptoms of spinal injury** **Pain on spine** **CSM problems** **Or** **Patient is unreliable**	• Pain on spine • CSM problems in hands, feet, legs and/or arms (that can not be explained by an injury) ▪ Circulation, Sensation and Movement • Unreliable patient **DO NOT Release Spinal Precautions** • Immobilize patient (head to toe) • Get help. Professionals need to backboard before moving.
Situation 2: Patient has **NO** **signs or symptoms of spinal injury** **and** **Low MOI for spine injury** **and** **Reliable**	• Patient reliable (sober, no distractions, A+Ox4) • NO pain on spine (every vertebrae has been checked) • NO CSM problems in hands, feet, legs and/or arms (that can not be explained by an arm or leg injury) ▪ Circulation – color, temperature, pulse ▪ Sensation - able to feel, no numbness & tingling ▪ Movement - wiggle toes/fingers, strength tests ▪ Low MOI for spine injury ▪ Did not fall a significant distance ▪ Did not hit head ▪ Did not hit with significant force or speed **OK to release spinal precautions: patient can move**
Situation 3: Patient has **NO** **signs or symptoms of spinal injury** **and** **High MOI for spine injury** **and** **Reliable**	• Patient reliable (sober, no distractions, A+Ox4 or 3) • NO pain on spine • NO CSM problems in hands, feet, legs and/or arms (that can not be explained by an arm or leg injury) ▪ Circulation -– color, temperature, pulse ▪ Sensation - able to feel, no numbness & tingling ▪ Movement - wiggle toes/fingers, strength tests ▪ High MOI for spine injury ▪ Hit head ▪ Fell a significant distance ▪ Hit with some force or speed **Urban = immobilize and call 911** **Wilderness: protocol to proceed to the Wilderness Focused Spinal Assessment to determine if patient can be released from spinal precautions. Only Use if have Training.**

Wilderness Only - Focused Spinal Assessment

If: **NO** **signs or symptoms of spinal injury** **and** **High MOI for spine Injury** **and** **Reliable** **Wilderness ONLY and have been trained in this procedure** **Recheck spinal injury indicators**	Redo tests to make sure spine is OK (only if have training). Immobilize if any spinal injury indicators are found. • Re-check reliability - Must be A+Ox3 or 4, sober and no distractions • Re-survey the spine for pain and tenderness (every vertebrae must be checked – on skin/one layer of clothing) • Re-survey the extremities; compare both sides ▪ Circulation (warmth/color/pulses) ▪ Sensation – (feel touch in feet and hands, strength tests – feet = gas pedal test/both directions, hands = squeeze fingers) ▪ Motion (wiggle toes and fingers, numbness/ tingling/ unusual sensation in hands or feet, arms or legs ▪ **Must all be normal unless can be explained by another injury or illness**) **If no indicators of a spine injury - Release Spinal Precautions (only if have training).** Have patient let you know if any new problems or pain.

Injury Check	Get to skin – look, ask and feel. Check for pain, ability to move/use/bear weight, range of motion. **Check CSMs (circulation, sensation, motion)**
Treatment	Treatment for any non-life-treatening problems Check CSMs (circulation, sensation, motion) before and after.
Documentation	Document everything you found, anything you did and anything that changed. Medical and Legal document
Monitoring	Vital Signs (serious=every 5 min; less serious 15-30min CSM's below treatments = every hour. Signs/Symptoms for injury/medical problem specific– things getting better or worse?

Patient Assessment Report	
S **O** **A** **P** **Note/Report**	• Subjective ▪ Male / Female patient ▪ Age ▪ MOI (mechanism of injury) ▪ C/C (chief complaint) • Objective ▪ Key findings of Head-to-Toe ▪ Vital signs ▪ SAMPLE ▪ Spinal assessment • Assessment ▪ What do you think is wrong with your patient? • Plan ▪ Monitor vital signs and CSM ▪ Treatment? Evacuation?