

PATIENT ASSESSMENT CHECKLIST

___ IS THE SCENE SAFE?

APPROACH PATIENT

Assess scene & surroundings; nature of illness or injury or mechanism of injury
Determine number of patients mass casualty plan/triage

GENERAL IMPRESSION OF PATIENT

Age, gender; life threatening conditions?

ASSESS MENTAL STATUS; C-SPINE IMMOBILIZATION IF NEEDED

___ **Announce/introduce self/get permission to treat**

___ Determine mental status (AVPU)

PRIMARY SURVEY

ASSESS AIRWAY

___ Checks if patient is responsive

___ if responsive, then check breathing

___ if not responsive, opens airway using proper technique

___ medical patients: head-tilt/chin lift

___ trauma patients or unknown illness:

___ c-spine stabilized, jaw-thrust maneuver

___ LOOK, LISTEN, FEEL for adequate air exchange

___ 2 rescue breaths, if indicated

ASSESS BREATHING

___ Look (symmetric chest movement, cyanosis, retractions, signs of trauma)

___ Listen for symmetric clear breath sounds or diminished, absent or abnormal... wheezing, tales

___ Respiratory rate

Identify life threatening conditions

___ sucking chest wound or collapsed lung

___ treat life threatening conditions before next portion of exam

ASSESS CIRCULATION

___ Check pulse: rate & quality

___ radial pulse first in a responsive patient

___ carotid pulse first in an unresponsive patient

___ Check for signs of shock: shallow, weak, or thready pulse

___ if in shock, treat

___ Check for bleeding

___ control active external bleeding

SECONDARY SURVEY

_____ HEAD

Look for evidence of trauma or fluid leaking, Raccoon eyes, Facial symmetry
Palpate for lacerations, crepitus from fractures
Eyes: are pupils reactive, equal

_____ NECK

Look & feel for deformity
Palpate spine for tenderness or crepitus

_____ CHEST

Look for signs of injury (abrasions, contusions, open wounds, entrance/exit wounds)
Palpate (symmetry of chest movement, crepitus)

_____ ABDOMEN

Look for contusions, distention, old scars, pregnancy
Palpate all 4 quadrants (tenderness, *rebound* tenderness, masses, rigidity, guarding)

_____ PELVIS

Palpate (crepitus, movement, or significant pain)

_____ LOWER EXTREMITIES

Look for abnormal position, shortening, obvious deformity or bleeding
Palpate entire limb—one limb at a time
Check distal pulses and neurovascular status

_____ UPPER EXTREMITIES

Look for abnormal position, shortening, obvious deformity or bleed
Palpate entire limb—one limb at a time
Check distal pulses and neurovascular status

_____ BACK

Palpate the entire spine for tenderness or deformities or swelling
Look & feel for open wounds

_____ NEUROLOGIC ASSESSMENT

Is patient alert, oriented (person, place, time, purpose)
Any change from earlier exam
Arm & leg motor and sensory function

_____ **Reassess patient after any intervention**

_____ **If patient deteriorates during secondary survey, go back to primary survey.**

_____ **After secondary survey, apply splints/bandages & immobilize for transport if necessary.**

_____ PATIENT ASSESSMENT REPORT

Identify patient
Significant history
Significant physical findings; injuries
Treatments
Response to treatments overall assessment