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