

Patient Evaluation

Approach the Patient

Consider mechanism of injury
Look for visible signs of injury
Check to see if there were any witness to the injury

Primary Survey:

Airway
Breathing
Circulation
Control Bleeding

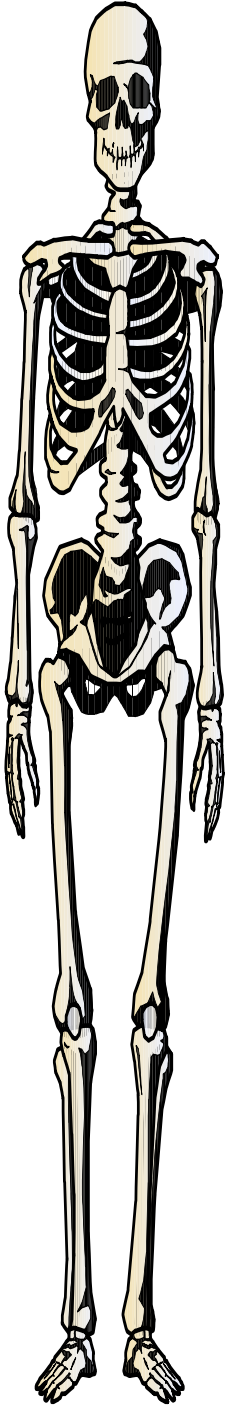
Rule of Thumb:

Always maintain verbal communication with the patient to assure that the ABCs are not compromised.

Where does the patient hurt?

If the patient tells you about pain in a specific area, check their first!

Otherwise, ask the patient to remain still while you check them out.
Make sure to tell them to let you know if anything hurts while you are completing your assessment.



Secondary Survey

Always complete your assessment with the patient in the position in which they were found!

If you suspect a neck injury, treat the head and neck as a unit and don't move either!

BODY PART	WHAT TO CHECK FOR
Airway	Potential problems with obstruction in throat. Consider, gum, candy, food
Neck	Pain
Head	Pain, deformity, blood
Eyes	Blurred vision, eyes move together, pupils
Ears	Blood or clear fluid
Shoulder Blades	Pain, deformity
Collar Bones	Pain, deformity
Arms	Pain, deformity, loss of sensation, inability to move fingers, hands, arms
Ribs	Pain, deformity (remember to compress ribs slightly)
Abdomen	Pain, tenderness, rigidity
Spine	Pain DO NOT MOVE THE PATIENT TO CHECK THIS
Pelvis	Pain, (remember to compress pelvis slightly)
Legs	Pain, deformity, loss of sensation
Ankles	Pain, deformity, swelling
Knee	If there is not indication of a leg injury, bend knee slightly checking for knee injury, then rotate each leg gently checking for hip injury.