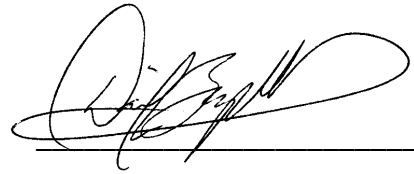


EL DORADO COUNTY EMS AGENCY

PREHOSPITAL PROTOCOLS

Effective: January 1, 2017



EMS Agency Medical Director

BLS Patient Assessment – Primary Survey

PROCEDURE:

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

- I. Scene Size Up:
 - a. Recognize hazards, ensure safety of scene and secure a safe area for patient treatment.
 - b. Apply universal precautions (body substance isolation).
 - c. Recognize hazards to patient and protect from further injury.
 - d. Identify the number of patients and initiate ICS/MCI operations if warranted:
 - i. Ensure an ALS response and order additional resources.
 - ii. Consider/confirm air ambulance response.
 - iii. Initiate triage if more than one patient.
 - e. Observe position of patient(s).
 - f. Determine mechanism of injury.
 - g. Plan strategy to protect evidence at potential crime scene. Notify Law Enforcement for evidence handling.
- II. General Impression:
 - a. Check for life threatening conditions.
 - b. Introduce self to patient.
 - c. Determine chief complaint or mechanism of injury.
- III. Airway:
 - a. Ensure open airway (Refer to Respiratory Distress Protocol as needed).
 - b. Protect spine from unnecessary movement in patients at risk for spinal injury.
 - c. Look and listen for evidence of upper airway problems and potential obstructions:
 - i. Vomit.
 - ii. Bleeding.
 - iii. Loose or missing teeth.
 - iv. Dentures.

- v. Facial Trauma
- d. Utilize any appropriate adjuncts (OPA or NPA) as indicated to maintain airway.
- IV. Breathing:
 - a. Look, listen, and feel in order to assess ventilation and oxygenation.
 - b. Expose chest, if necessary, and observe for chest wall movement.
 - c. Determine approximate rate and depth and assess character of quality.
 - d. Reassess mental status.
 - e. Intervene for inadequate ventilation with:
 - i. Pocket mask or BVM device.
 - ii. Supplemental oxygen.
 - f. Assess for other life threatening respiratory problems and treat as needed.
- V. Circulation:
 - a. Check for pulse and begin CPR and AED if necessary.
 - b. Control life-threatening hemorrhage with direct pressure.
 - c. Palpate radial pulse.
 - i. Determine absence or presence.
 - ii. Assess general quality (strong/weak).
 - iii. Identify rate (slow, normal, or fast).
 - iv. Assess regularity (regular/irregular).
 - d. Assess skin for signs of hypo-perfusion (signs of SHOCK) or hypoxia (capillary refill, cyanosis etc.).
 - e. Reassess mental status for signs of hypo-perfusion (SHOCK).
- VI. Level of Consciousness (LOC):
 - a. Determine need for spinal immobilization (refer to spinal immobilization protocol).
 - b. Determine level of consciousness (LOC) using AVPU
 - i. Alert (alert, awake, aware of time, place, date, person, etc.).
 - ii. Verbal (responds to verbal stimuli, i.e. answers questions and responds to commands).
 - iii. Pain (responds to painful stimuli, i.e. withdraw from pain).
 - iv. Unresponsive (patient unconscious or fails to respond to verbal and painful stimuli).
- VII. Expose, Examine, Evaluate:
 - a. In situations with suspected life-threatening mechanism of injury, complete a Rapid Trauma Assessment.
 - b. Expose head, trunk, and extremities.
 - c. Head to Toe for DCAP-BTLS
 - i. Deformity

- ii. Contusion/Crepitus.
 - iii. Abrasion.
 - iv. Puncture/Penetration.
 - v. Bruising/Bleeding.
 - vi. Tenderness.
 - vii. Laceration.
 - viii. Swelling.
- d. Treat any newly discovered life-threatening wounds as appropriate.