

# Primary Trauma Survey

<b>Name:</b>	
<b>Age:</b>	
<b>Gender:</b>	Male      Female      Other:
<b>Date and Time:</b>	

## Step A: Airway

Is the airway clear?

Observation:

Action Taken:

Remarks:

## Step B: Breathing

Are there any signs of respiratory distress?

Observation:

Action Taken:

Documentation:

### Step C: Circulation

Is there evidence of significant bleeding or shock?

Observation:

Action Taken:

Documentation:

### Step D: Disability

Is the patient conscious?                      Is the patient able to respond?

Observation:

Action Taken:

Documentation:

### Step E: Exposure

Have all injuries been identified?

Observation:

Action Taken:

Documentation: