

# Primary Trauma Survey

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date: \_\_\_\_\_

Area of focus			Remarks
<b>A: Airway with cervical spine precautions/or protection</b>	Can the patient speak coherently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is airway obstruction identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the cervical spine immobilized and maintained in line?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B: Breathing and ventilation</b>	Are there any signs of major chest trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has an auscultation of both lungs been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(If present) are open chest wounds covered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the patient received supplemental oxygen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C: Circulation with hemorrhage control</b>	Has the patient been assessed using AVPU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does the patient have obvious hemorrhaging and is treated accordingly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Area of focus			Remarks
<b>D: Disability (assessing neurologic status)</b>	Has the patient been assessed using the Glasgow Coma Scale?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you checked the patient's pupil size and reaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the patient been checked for lateralizing signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>E: Exposure and environmental control</b>	Has the patient been completely undressed to ensure there are no injuries missed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has the patient been re-covered with warm blankets to limit the risk of hypothermia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional notes</b>			
<b>Name of healthcare provider:</b>			
<b>Signature:</b>		<b>Date:</b>	