

Primary Trauma Survey

Name:	
Age:	
Gender:	Male Female Other:
Date and Time:	

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: