

# Rapid Trauma Assessment

<b>Name or ID:</b>		<b>Age:</b>	
<b>Gender:</b>	Male	Female	Other:

## Patient Responsiveness and Mental Status

### Alert and Oriented to:

- Person
- Place
- Time
- Event

### AVPU:

Is the patient **Alert**?

- Yes       No

Does the patient respond to **Verbal Cues**?

- Yes       No

Does the patient respond to **Pain** stimulation?

- Yes       No

Is the patient completely **Unresponsive**?

- Yes       No

## ABCs Assessment

Major Hemorrhage Check (choose on):

- Presence of Major Bleeding
- Absence of Major Bleeding

Airway:

- Patent
- Obstructed

Breathing:

- Adequate
- Inadequate

Circulation:

- Presence of Central Pulse
- Presence of Distal Pulse

Skin Color:

Temperature:

### Full Head-to-Toe Examination

**Head:**

- Deformities
- Contusions
- Abrasions
- Puncture / Penetrations
- Burns
- Tenderness
- Lacerations
- Swelling

**Neck:**

- Jugular Vein Distension
- Tracheal Deviation

**Eyes:**

- Pupils Round
- Equal
- Reactive to Light and Accommodation

**Shoulders and Chest:**

- Inspect and Palpate

Findings:

**Abdomen:**

- Palpate Four Quadrants

Findings:

**Pelvis:**

- Inspect and Gently Compress for Stability

Findings:

**Upper Extremities:**

- Circulation
- Sensation
- Movement

Findings:

**Lower Extremities:**

- Circulation
- Sensation
- Movement

Findings:

**Transition of Care**

Handoff to:

Time:

Summary of Care Given:

Signature: