# Clinical Practice Procedures:
## Assessment/Primary and secondary survey

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| **Policy code** | CPP_AS_PSS_0626 |
| **Date** | June, 2026 |
| **Purpose** | To ensure a consistent procedural approach to undertaking primary and secondary patient assessment survey. |
| **Scope** | Applies to Queensland Ambulance Service (QAS) clinical staff. |
| **Health care setting** | Pre-hospital assessment and treatment. |
| **Population** | Applies to all ages unless stated otherwise. |
| **Source of funding** | Internal – 100% |
| **Author** | Clinical Quality & Patient Safety Unit, QAS |
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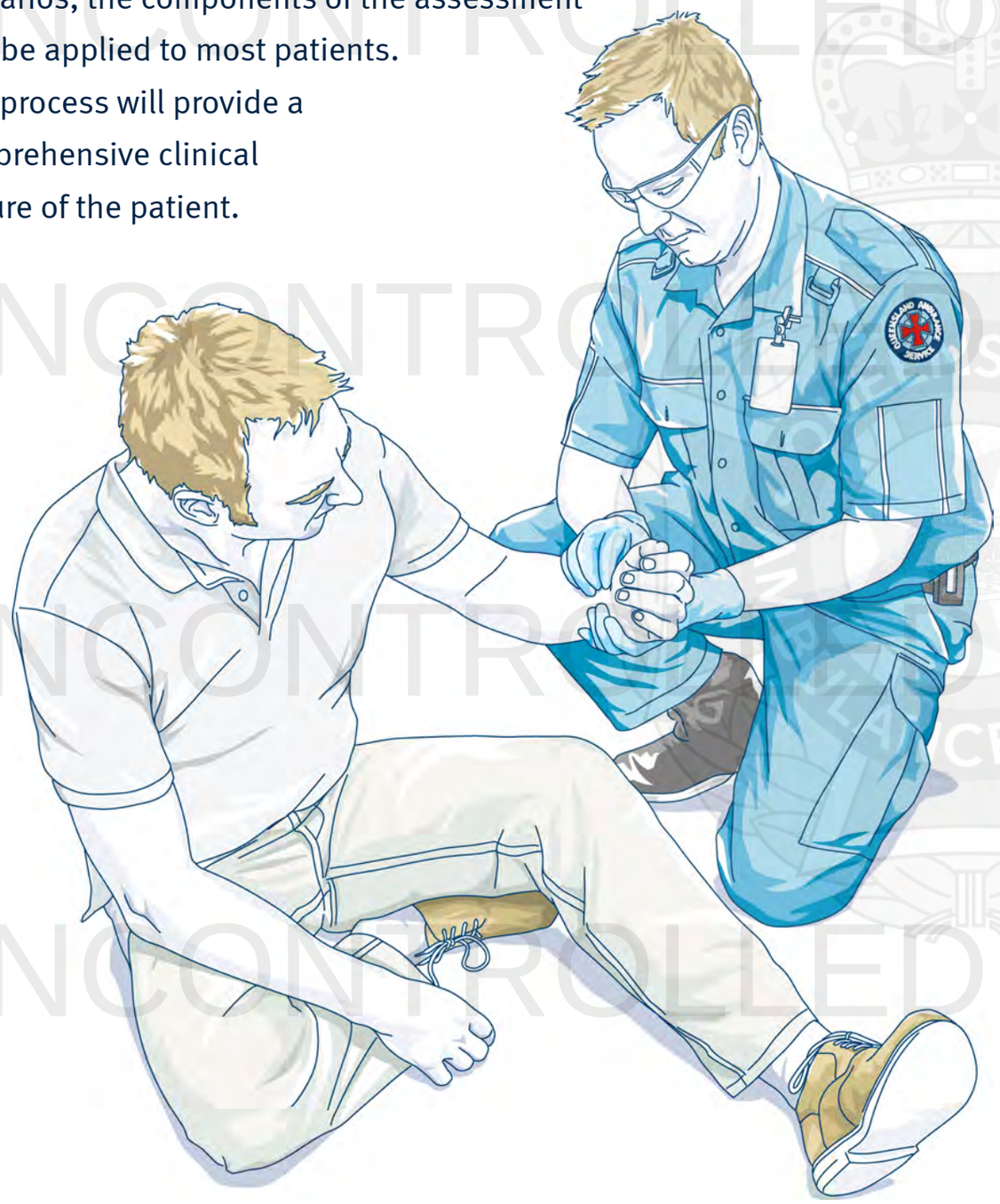
# *Primary and secondary survey*

*June, 2026*

The **primary and secondary survey** represent overarching and sequential aspects of patient assessment. While primarily applied in trauma scenarios, the components of the assessment may be applied to most patients. This process will provide a comprehensive clinical picture of the patient.



The clinician should initiate a *primary* and *secondary* assessment as soon as possible in every case. The collecting of patient assessment information and administering care are carried out simultaneously.

## Indications

- All patients in QAS care must be provided with a comprehensive clinical assessment irrespective of the reason for contact.

## Contraindications

- Nil in this setting

## Complications

- The application of a painful stimulus by a clinician during the assessment of an intoxicated patient has the propensity to elicit a violent response and should be minimised.

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# Procedure – Primary and secondary survey

The purpose of a primary survey is to immediately identify and treat life-threatening conditions. The sequencing of the primary survey has been changed to DRCAB for medical cardiac arrest presentations, to bring it in line with contemporary clinical practice.[1] For all other presentations, the primary survey remains DRABC.

**Primary survey** ***(medical cardiac arrests):***

- Danger
- Response
- Circulation
- Airway
- Breathing

**Primary survey** ***(other presentations):***

- Danger
- Response
- Airway
- Breathing
- Circulation

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## PRIMARY SURVEY

| | |
|---|---|
| ***DANGER*** | Check for **DANGER** to yourself, your partner, bystanders and the patient. |
| ***RESPONSE*** | Check the patient's **RESPONSE** to stimulus to determine their level of consciousness. Use the AVPU scale: Is the patient Alert? Is the patient responding to verbal stimuli, responding only to painful stimuli, or unresponsive? When applying painful stimuli, always use the least amount of force necessary to elicit a response. A central painful stimulus is recommended to elicit an appropriate reflex response. Repeated application is rarely necessary.[2] |
| ***CIRCULATION*** | Check if the patient has a pulse **(CIRCULATION)** and, if so, determine if it is adequate. Assess capillary refill in paediatric patients. **Consider: Defibrillation, haemorrhage control, leg elevation (except for spinal injury), IV/IO access and fluid therapy** |
| ***AIRWAY*** | Check if the patient has a patent **AIRWAY** and ensure there is no danger of potential airway obstruction (e.g. stridor).<br>**Consider: C-spine immobilisation, simple airway manoeuvres, suctioning, basic and advanced airway adjuncts such as OPA, NPA, SAD, ETT** |
| ***BREATHING*** | Check if the patient is **BREATHING** and has adequate ventilations.<br>**Consider: Oxygen and IPPV** |

# Procedure – Primary and secondary survey

The secondary survey is aimed at obtaining a detailed history, along with vital signs and then performing a focused physical examination based on the patient's symptoms and history.

**Secondary survey:**

- History
- Vital signs survey
- Physical examination

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## SECONDARY SURVEY

### *HISTORY*

**Obtain a comprehensive history:**

**O** Onset
**P** Provocation
**Q** Quality
**R** Radiation
**S** Severity
**T** Timing

**S** Signs/symptoms
**A** Allergies
**M** Medications
**P** Past medical history including immunisation (e.g. tetanus) status
**L** Last meal
**E** Events prior

### *VITAL SIGN SURVEY*

**Complete a detailed patient assessment (as appropriate):**

- Heart rate
- Respiration
- Blood pressure
- Temperature
- $SpO_2$
- BGL (mandatory in all unwell patients)
- Glasgow Coma Scale
- 12-Lead ECG
- Stroke assessment (NIHSS-8 and mRS)
- Sedation Assessment Tool
- Clinical Frailty Scale®

### *PHYSICAL EXAMINATION (head-to-toe)*

Complete a comprehensive physical examination of the patient as appropriate including examination for medical alert jewellery or tags or medical alerts that may be set up on a patient's iPhone or Android mobile phone. These are usually accessible from the devices's Locked Screen and may provide valuable, relevant medical details about the patient in an emergency situation. A comprehensive examination is particularly applicable in trauma, but specific components may be relevant in many medical presentations.

| HEAD | |
|---|---|
| **Inspect** | |
| *General* | Lacerations, deformity, facial muscle, asymmetry |
| *Eyes* | Pupils or evidence of raccoon eyes (bruising around orbits suggestive of base of skull fracture) |
| *Ears* | Blood or cerebrospinal fluid in canal or evidence of Battle's sign (significant bruising over the mastoid process suggestive of base of skull fracture) |
| *Nose* | Deformity or epistaxis |
| *Mouth* | Loose teeth, bite malocclusion (suggestive of a mandibular fracture) or airway/tongue swelling |
| *Voice* | Hoarseness |
| **Palpate** | |
| *General* | Crepitus, bony tenderness, or subcutaneous emphysema |

| NECK | |
|---|---|
| **Inspect** | Deformity, laceration or raised JVP |
| **Palpate** | Tracheal position, bony tenderness, carotid pulse, subcutaneous emphysema, or lymphadenopathy. |

| CHEST | |
|---|---|
| **Inspect** | Expansion, paradoxical movement, accessory muscle use, lacerations, or deformity |
| **Palpate** | Tenderness, subcutaneous emphysema, bony crepitus, or apex beat |
| **Auscultate** | Heart sounds, air entry and breath sounds, or additional sounds |

| ABDOMEN | |
|---|---|
| **Inspect** | Laceration, bruising, distension, or priapism (spinal trauma) |
| **Palpate** | Tenderness, guarding, rigidity, rebound tenderness, or masses |
| **Auscultate** | Bowel sounds |

| PELVIS | |
|---|---|
| **Inspect** | Laceration, bruising, or deformity |
| **Palpate** | Bony tenderness |

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| UPPER AND LOWER LIMBS | |
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| **Inspect** | Laceration, bruising, deformity, shortening, or rotation |
| **Palpate** | Neurovascular status, bony tenderness, or crepitus |

| BACK | |
|---|---|
| **Inspect** | Laceration, bruising, or deformity |
| **Palpate** | Bony tenderness, or evidence of a bony step, subcutaneous emphysemia |

## Additional information

- There are various types of medical alert devices (e.g. bracelets, necklaces, pendants, dog tags, anklets) available for purchase in Australia and overseas. Many are easily identifiable with obvious medical insignia (e.g. Rod of Asclepius symbol) while others look like normal fashion jewellery unless inspected more closely. Historically, medical alert devices have been engraved with clinical information specific for the patient. However, newer devices are now utilising QR code technology that when scanned will link to a secure URL that displays relevant clinical information specific to the wearer. iPhone and Android mobile phone users often have a Medical ID which lists the user's clinical details such as medical conditions, allergies, and other relevant information, in case of a medical emergency. Every patient should be examined for the presence of a medical alert device during the secondary survey.

## Additional information *(cont.)*

- Immunisation status should be assessed as part of the secondary survey where relevant to the presenting condition, injury, or exposure. Ambulance clinicians must ensure appropriate follow-up, referral or escalation when the status may impact patient management or ongoing care.
- Suspected alcohol or other substance intoxication may make clinical examination difficult, and clinicians should have a higher index of suspicion for illness or injury in these circumstances.

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