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All feedback and suggestions are welcome, please forward to:
Clinical.Guidelines@ambulance.qld.gov.au

<table>
<thead>
<tr>
<th>Date</th>
<th>October, 2016</th>
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</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To ensure a consistent procedural approach to undertaking Primary and secondary patient assessment surveys.</td>
</tr>
<tr>
<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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<tr>
<td>Review date</td>
<td>October, 2018</td>
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The primary and secondary survey represent overarching and sequential aspects of patient assessment. Whilst 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 paramedic 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 are to 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 paramedic during the assessment of an intoxicated patient has the propensity to elicit a violent response and should be minimised.
Primary survey (medical cardiac arrests):

- Danger
- Response
- Circulation
- Airway
- Breathing

Primary survey (other presentations):

- Danger
- Response
- Airway
- Breathing
- Circulation

**DANGER**

Check for **DANGER** (yourself, partner, bystanders and patient)

**RESPONSE**

Check the patient’s **RESPONSE** to stimulus to determine 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.

**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 future airway obstruction (e.g. stridor). **Consider: C-spine immobilisation, simple airway manoeuvres, suctioning, basic and advanced airway adjuncts – OPA, NPA, LMA, ETT**

**BREATHING**

Check if the patient is **BREATHING** and has adequate ventilations. **Consider: Oxygen and IPPV**
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

**Secondary survey:**

**HISTORY**

Obtain a comprehensive history:
- Onset
- Provocation
- Quality
- Radiation
- Severity
- Timing
- Signs/symptoms
- Allergies
- Medications
- Past medical Hx
- Last meal
- Events prior

**VITAL SIGN SURVEY**

Complete a more detailed assessment of all appropriate vital signs:
- pulse
- respiration rate
- blood pressure
- temperature
- SpO2
- Glasgow coma scale
- 12-Lead ECG
- Melbourne Ambulance Stroke Score
- COAST score
- Sedation Assessment Tool

**PHYSICAL EXAMINATION**

(Head-to-toe)

Complete a comprehensive physical examination of the patient as appropriate including examination for medical alert jewellery or tags. A comprehensive examination is particularly applicable in trauma, but specific components may be relevant in many medical presentations.
## Procedure – Primary and secondary survey

<table>
<thead>
<tr>
<th>HEAD</th>
<th>CHEST</th>
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</thead>
<tbody>
<tr>
<td><strong>Inspect</strong></td>
<td><strong>Inspect</strong></td>
</tr>
<tr>
<td><em>General</em></td>
<td>Expansion, paradoxical movement, accessory muscle use, lacerations, or deformity</td>
</tr>
<tr>
<td><strong>Inspect</strong></td>
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</tr>
<tr>
<td><strong>Inspect</strong></td>
<td>Lacerations, deformity, facial muscle, asymmetry</td>
</tr>
<tr>
<td><strong>Inspect</strong></td>
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</table>

### General
- **Inspect**
  - Lacerations, deformity, facial muscle, asymmetry
- **Inspect**
  - Laceration, bruising, distension, or priapism (spinal trauma)
- **Inspect**
  - Laceration, bruising, distension, or priapism (spinal trauma)
- **Inspect**
  - Laceration, bruising, distension, or priapism (spinal trauma)

### Eyes
- **Inspect**
  - Pupils or evidence of raccoon eyes (bruising around orbits suggestive of base of skull fracture)
- **Inspect**
  - Pupils or evidence of raccoon eyes (bruising around orbits suggestive of base of skull fracture)

### Ears
- **Inspect**
  - Blood in canal or evidence of Battle’s sign (significant bruising over the mastoid process suggestive of base of skull fracture)
- **Inspect**
  - Blood in canal or evidence of Battle’s sign (significant bruising over the mastoid process suggestive of base of skull fracture)

### Nose
- **Inspect**
  - Deformity or epistaxis
- **Inspect**
  - Deformity or epistaxis

### Mouth
- **Inspect**
  - Loose teeth, bite malocclusion (suggestive of a mandibular fracture) or airway/tongue swelling
- **Inspect**
  - Loose teeth, bite malocclusion (suggestive of a mandibular fracture) or airway/tongue swelling

### Voice
- **Inspect**
  - Hoarseness
- **Inspect**
  - Hoarseness

### Palpate
- **Palpate**
  - Crepitus, bony tenderness, or subcutaneous emphysema
- **Palpate**
  - Crepitus, bony tenderness, or subcutaneous emphysema

### NECK
- **Inspect**
  - Deformity, laceration or raised JVP
- **Inspect**
  - Deformity, laceration or raised JVP

### Palpate
- **Palpate**
  - Tracheal position, bony tenderness, carotid pulse, subcutaneous emphysema, or lymphadenopathy.
- **Palpate**
  - Tracheal position, bony tenderness, carotid pulse, subcutaneous emphysema, or lymphadenopathy.

### CHEST
- **Palpate**
  - Tenderness, subcutaneous emphysema, bony crepitus, or apex beat
- **Palpate**
  - Tenderness, subcutaneous emphysema, bony crepitus, or apex beat

### Auscultate
- **Auscultate**
  - Heart sounds, air entry and breath sounds, or additional sounds
- **Auscultate**
  - Heart sounds, air entry and breath sounds, or additional sounds

### ABDOMEN
- **Inspect**
  - Laceration, bruising, distension, or priapism (spinal trauma)
- **Inspect**
  - Laceration, bruising, distension, or priapism (spinal trauma)

### Palpate
- **Palpate**
  - Tenderness, guarding, rigidity, rebound tenderness, or masses
- **Palpate**
  - Tenderness, guarding, rigidity, rebound tenderness, or masses

### Auscultate
- **Auscultate**
  - Bowel sounds
- **Auscultate**
  - Bowel sounds

### PELVIS
- **Inspect**
  - Laceration, bruising, or deformity
- **Inspect**
  - Laceration, bruising, or deformity

### Palpate
- **Palpate**
  - Bony tenderness
- **Palpate**
  - Bony tenderness
### Procedure – Primary and secondary survey

**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) whilst 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. During the secondary survey every patient should be examined for the presence of a medical alert device.
- Suspected alcohol or other substance intoxication may make clinical examination difficult, and paramedics should have a higher index of suspicion in these circumstances.

### UPPER AND LOWER LIMBS

<table>
<thead>
<tr>
<th>Inspect</th>
<th>Palpate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laceration, bruising, deformity, shortening, or rotation</td>
<td>Neurovascular status, bony tenderness, or crepitus</td>
</tr>
</tbody>
</table>

### BACK

<table>
<thead>
<tr>
<th>Inspect</th>
<th>Palpate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laceration, bruising, or deformity</td>
<td>Bony tenderness, or evidence of a bony step, subcutaneous emphysema</td>
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