Primary Patient Assessment
Primary Assessment - Objectives

- Rapid method for scene size-up
- Method for rapid identification of life threats
- Mechanism of injury or nature of illness
- Priority: ABCs and neck to knees
- Treatment of life threats as they are found
Scene Size-Up

The Firefighters own safety comes first!

Use appropriate infection control precautions.
Control scene hazards.
Determine mechanism of injury in trauma patients.

or

Determine nature of illness in medical patients.
Determine number of casualties.
Assess need for additional resources.
Primary Assessment

E - environment

M - mechanism of Injury

C - count the # of patients

A - assistance required

P - personal precautions
TRAUAMA PATIENT

• Consider mechanism of injury
• Rapid assessment and treatment of life threats while maintaining C-spine precautions if necessary

MEDICAL PATIENT

• Consider nature of illness
• Rapid assessment and treatment of life threats
• Examination can be tailored to patient’s signs and symptoms
Mechanism of Injury

What physically injured the TRAUMA patient?

Examples (*circumstances are everything)*:

- Fall
- Motor vehicle collision
- Assault

How severe are the injuries?

- Highway collision vs. city street
- Falls greater than 2 metres (6’)
- Unrestrained vs. belted
Nature of Illness

What is the MEDICAL patient suffering from?

Gather information from dispatch, patient, family, and bystanders.

Concentrate on the patient’s chief complaint.
Consent & Introduction

- Introduce yourself to patient
- Obtain consent & patient name
- If trauma is suspected, advise the casualty to remain still
Responsiveness

A - alert
V - responds to verbal
P - responds to pain
U - unresponsive
Airway

- Is the patient able to speak? (implies open airway and breathing)
- Open airway (if needed)
- Head tilt/chin lift
- Modified jaw thrust
Breathing

• Look
• Listen
• Feel
Circulation

- Pulse Assessment* (carotid, radial, brachial)
- Capillary Refill
- Overall Skin Condition
- Gross Bleed Check

*If patient is Vital Signs Absent (VSA) follow defibrillation protocol
Assessment Mnemonics

LOOK FOR...

C - contusions
L - lacerations
A - abrasions
P - penetrations
S - symmetry
D - deformity / distention
Assessment Mnemonics

FEEL FOR...

T - tenderness
I - instability
C - crepitus
S - subcutaneous emphysema
D - deformity / distention
Rapid Body Assessment

Neck:
- CLAPS-D
- TICS-D
- Distended neck veins (JVD)
- Tracheal deviation
Jugular Vein Distension
Rapid Body Assessment

Chest:
- CLAPS-D
- TICS-D
- Cover sucking chest wounds (Asherman Seal)
- Auscultation
  (4 locations; compare left to right)
Rapid Body Assessment

Abdomen:
- Visual - CLAPS-D
- Palpate all 4 quadrants
  - Tenderness
  - Rigidity
Rapid Body Assessment

Pelvis:

- CLAPS-D
- TICS-D
- Stability in 3 planes

If any instability or crepitus is found, there should be no further assessment of the pelvis at any point.
Rapid Body Assessment

Femurs:
- CLAPS-D
- TICS-D
Conclude Primary Assessment

- Blanket
- Environmental Protection
- Oxygen

LIFE THREATENING INJURIES SHOULD HAVE BEEN TREATED AS SOON AS THEY WERE FOUND
Summary

In this module we have discussed and/or practiced:

• A rapid method for scene size-up

• A method for rapid identification of life threats

• The difference between mechanism of injury or nature of illness

• Primary assessment - ABCs and ‘Neck to Knees’

• The treatment of life threats as they are found
Any Questions ?