

#: PR-2
Page: 1 of 6
Date: 1/86
Revised: 4/2012

## **SECONDARY SURVEY IN THE FIELD**

The secondary survey is a systematic head to toe examination that should be modified according to patient type/status. Pertinent information should be documented on the prehospital care report.

#### Assessment includes:

- Chief complaint/mechanism of injury
- · Pertinent medical history, medications, allergies
- Head to toe assessment
- Neurological assessment
- Vital signs
- Securing copies of pertinent medical records, laboratory results, and x-rays during an interfacility transport.

## Obtain pertinent patient history:

- History of current illness.
- Previous medical history.
- Pertinent medications.
- Pertinent allergies.

## Obtain vital signs:

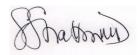
- Blood pressure.
- Pulse rate, quality, regularity.
- Respiratory rate.
- Capillary refill.

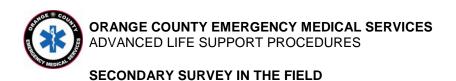
## • Examine the head:

- Tenderness.
- Depressions, deformities, hematomas.
- Contusions, abrasions, lacerations.
- Battle's sign or "raccoon's eyes".
- Soft tissue injury of the ears.
- Drainage from nose, ears, mouth.

## • Examine the facial region:

- Symmetry of face.
- Stability or asymmetry of facial bones, orbits, mandible, maxilla.
- Pain, deformity, crepitus.
- Eyes:
- \* periorbital edema
  - \* reaction to light
  - \* pupil size
  - \* abnormal gaze
  - sclera color
  - \* presence of contact lenses
  - obvious eye injury
  - \* discharge





#: PR-2
Page: 2 of 6
Date: 1/86
Revised: 4/2012

### - Nares

- \* nasal flaring
- \* drainage

## – Mouth:

- \* mucous membranes
- loose teeth, dentures
- \* blood, vomitus
- \* presence of gag reflex
- \* abnormal odors
- \* sputum color, amount, consistency

### Examine the neck:

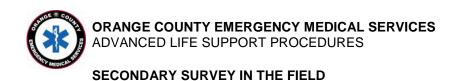
- Tenderness, deformity, crepitus.
- Soft tissue injuries.
- Penetrating injuries.
- Neck vein distention.
- Tracheal deviation.
- Subcutaneous emphysema.
- Accessory muscle use.
- Equality of carotid pulses.
- MedicAlert identification tag.

## • Examine the chest:

- General chest dimensions.
- Symmetry of movement.
- Retractions.
- Tenderness, deformity of clavicle, sternum, ribs.
- Assess for implanted medical devices (pacemakers, automatic implanted defibrillators)
- Contusions, abrasions, lacerations.
- Scars.
- Penetrating injuries.
- Subcutaneous emphysema.
- Abnormal breathing pattern.
- Breath sounds.

## • Examine the abdomen:

- Tenderness.
- Referred pain.
- Distention, rigidity.
- Contusions, abrasions, lacerations.
- Scars.
- Penetrating injuries.
- Pulsating masses.
- Ascites.
- Exaggerated abdominal use during respiration.



#: PR-2
Page: 3 of 6
Date: 1/86
Revised: 4/2012

# • Examine the pelvis:

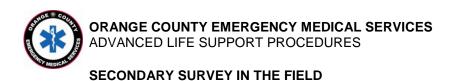
- Tenderness.
- Stability (compression, symphysis pubis and iliac crests).
- Contusions, abrasions, lacerations.
- Incontinence.
- Priapism.
- Equality femoral pulses.
- Vaginal bleeding.

# • Examine the extremities:

- Tenderness, deformity, crepitus.
- Contusions, abrasions, lacerations, track marks.
- Penetrating injuries.
- Distal circulatory, sensory and motor function.
- Edema
- MedicAlert identification tag.

## • Examine the back:

- Pain, deformity.
- Contusions, abrasions, lacerations.
- Penetrating injuries.
- Sacral edema.



#: PR-2 4 of 6 Page: 1/86 Date: Revised: 4/2012

# • Neurological examination:

- Orientation.
- Abnormal posturing.
- Level of consciousness. AVPU System (see primary survey)

Glasgow Coma Scale (GCS)		
Eye-opening response		
Spontaneous	4	
To speech	3	
To pain	2	
None	1	
Best upper-limb motor response		
Spontaneous/obeys commands	6	
Localizes pain	5	
Withdrawal to pain	4	
Flexion to pain	3	
Extension to pain	2	
None	1	
Verbal response*		
Oriented	5	
Confused conversation	4	
Inappropriate words	3	
Incomprehensible words	2	
None	1	
TOTAL	3-15	

Children < 2 years of age should receive full verbal score for crying after stimulation.

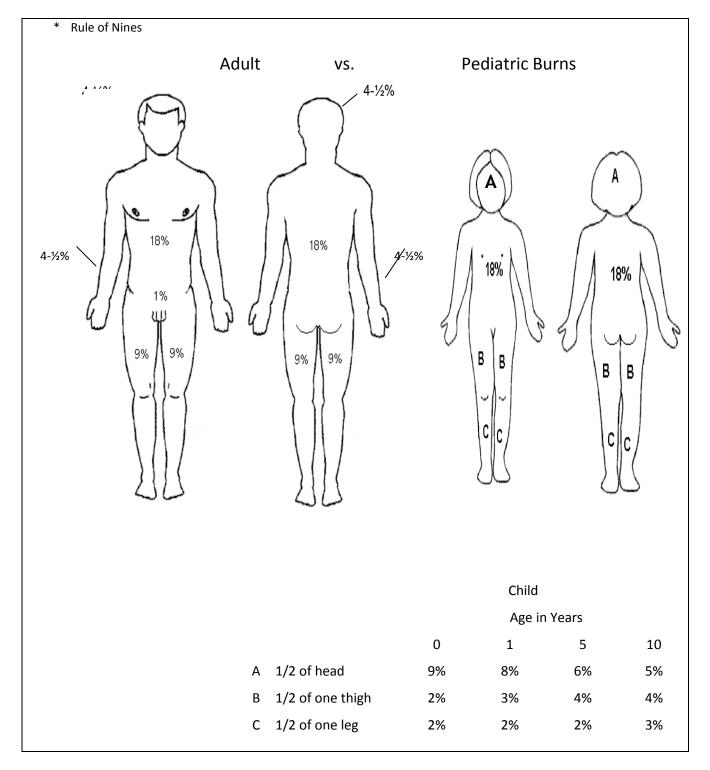
Approved:

\*Note:

PR-2 5 of 6 Page: Date: 1/86

Revised: 4/2012

## **Burn Assessment:**



#: PR-2
Page: 6 of 6
Date: 1/86
Revised: 4/2012

# Neonatal Assessment:

- Apgar Score
  - The Apgar Score measures newborn's status.
  - Each of the five categories are scored from 0-2 and then totaled. Apgar scoring is done twice; 1 minute after birth and 5 minutes after birth.
  - Resuscitation, if needed, should not await Apgar scoring.

Scoring	0	1	2
Heart rate	Absent	Slow (below 100)	<u>&gt;</u> 100
Respiratory Effort	Absent	Weak Cry; Hypoventilation	Strong Cry
Muscle Tone	Limp	Slight Flexion of Extremities	Active Flexion
Reflex Responses (to bulb syringe in nostril)	No response	Some Grimace	Cough or cry
Color	Blue, pale	Body pink, Extremities blue	Completely pink

- Total score indications are:
  - One (1) minute Apgar Score indications:

7-10 – a healthy infant.

4-6 – a potentially sick infant.
0-3 – a severely depressed infant.

• Five (5) minute Apgar Score indications:

7-10 – a healthy infant.

4-6 – a potentially sick infant.
0-3 – a severely depressed infant.