

**San Joaquin County
Emergency Medical Services Agency**



BLS Patient Assessment – Primary Survey

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.60, 1797.80, 1797.197, 1797.197a, 1797.204, 1797.220, 1798; California Code of Regulations, Title 22, Chapter 2, Sections 100062, 100063, 100064

PROCEDURE:

The purpose of the primary survey is to identify and immediately correct life-threatening problems.

- I. Scene Size Up:
 - A. Recognize hazards, ensure safety of scene and secure a safe area for treatment.
 - B. Apply universal body/substance isolation precautions.
 - C. Recognize hazards to patient and protect patient from further injury.
 - D. Identify the number of patients and initiate ICS/MCI operations if warranted:
 1. Ensure an ALS response and order additional resources.
 2. Consider/confirm air ambulance response.
 3. Initiate START triage, if more than one patient.
 - E. Observe position of patient(s).
 - F. Determine mechanism of injury.
 - G. Plan strategy to protect evidence at potential crime scene.

- II. General Impressions:
 - A. Check for life threatening conditions.
 - B. Introduce self to patient.
 - C. Determine chief complaint or mechanism of injury.

- III. Airway:
 - A. Ensure open airway (Refer to EMS Policy No. 5520 – BLS Respiratory Distress, as needed).
 - B. Protect spine from unnecessary movement in patients at risk for spinal injury.
 - C. Ensuring an adequate airway supersedes spinal motion restriction.
 - D. Look and listen for evidence of upper airway problems and potential obstructions:
 1. Vomit.
 2. Bleeding.
 3. Loose or missing teeth.

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- 4. Dentures.
- 5. Facial Trauma.
- E. Utilize any appropriate adjuncts (OPA or NPA) as indicated to maintain airway.

IV. Breathing:

- A. Look, listen, and feel in order to assess ventilation and oxygenation.
- B. Expose chest, if necessary, and observe for chest wall movement.
- C. Determine approximate rate and depth and assess character and quality.
- D. Reassess mental status.
- E. Intervene for inadequate ventilation with:
 - 1. Pocket mask or BVM device.
 - 2. Supplemental oxygen.
- F. Assess for other life threatening respiratory problems and treat as needed.

V. Circulation:

- A. Check for pulse and begin CPR and apply AED if necessary.
- B. Control life-threatening hemorrhage with direct pressure or tourniquet.
- C. Palpate radial pulse.
 - 1. Determine absence or presence.
 - 2. Assess general quality (strong/weak).
 - 3. Identify rate (slow, normal, or fast).
 - 4. Assess regularity (regular/irregular).
- D. Assess skin for signs of hypo-perfusion/SHOCK or hypoxia (capillary refill, cyanosis, etc.).
- E. Reassess mental status for signs of hypo-perfusion/SHOCK.

VI. Level of consciousness:

- A. Determine need for spinal motion restrictions.
- B. Determine level of consciousness using AVPU
 - 1. Alert (alert, awake, aware of time, place, date, person, etc).
 - 2. Verbal (responds to verbal stimuli, i.e. answers questions and responds to commands).
 - 3. Pain (responds to painful stimuli, i.e. attempts to withdraw from pain).
 - 4. Unresponsive (patient unconscious or fails to respond to verbal and painful stimuli).

VII. Expose, Examine & Evaluate:

- A. In situations with suspected life-threatening mechanism of injury, complete a Rapid Trauma Assessment.
- B. Expose head, trunk and extremities.
- C. Head to Toe for DCAP-BTLS:
 - 1. Deformity.
 - 2. Contusion/Crepitus.

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3. Abrasion.
 4. Puncture.
 5. Bruising/Bleeding.
 6. Tenderness.
 7. Laceration.
 8. Swelling.
- D. Treat any newly discovered life-threatening wounds as appropriate.

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