

# Primary Survey

## Introduction

The Primary Survey is the initial patient assessment, intended to rapidly and systematically identify and treat any immediately life-threatening problems. It follows the ABC format familiar from other courses, but extends this into more detail. Assessment and treatment proceed simultaneously – as a problem is identified, appropriate action should be taken before moving on.

After any intervention, or if there is any sign of a change in condition, repeat the primary survey.

The primary survey relates to patient assessment and treatment, and should only be started after ensuring safety of self and scene.

## Primary Survey

Airway with control of c-spine  
Breathing  
Circulation  
Disability  
Expose and evaluate

## Full assessment

Following a look, feel, listen approach, things to look for are:

### *Airway*

Look for wounds, swelling, foreign bodies. Listen for noises (snoring indicates tongue/soft tissue obstructing, stridor obstruction at or above vocal cords, wheeze obstruction below, gurgling fluid in airway, silence complete obstruction)

### *Breathing*

Look for wounds, bruising, deformity, paradoxical movement. Feel for expansion, irregularity, tenderness. Assess rate and depth of breathing. Listen over five points on each lung for air entry and added noises (e.g. wheeze), comparing like for like on each side.

### *Circulation*

Assess radial pulse for presence, strength, and rate. If absent, check for carotid. Alternatively assess cap refill. Check for major external bleeds. Examine the abdomen, looking for wounds, bruising, or swelling, and then feel four quadrants for tenderness, rigidity, or guarding.

### *Disability*

Assess level of consciousness using AVPU. Check pupil reactions – a light shone in one eye should make both constrict. Will need to use light four times (twice in each eye) to adequately assess this.

### *Expose and evaluate*

Remove clothing to full examine the patient, remembering to check front, back, sides, and to check areas such as the axillae where wounds can be ‘hidden’. After this recover to prevent heat loss, and make a decision (if not already done) as to how serious the condition is.

### **Minimum assessment**

As a minimum, for a possibly seriously hurt or unwell patient, c-spine should be immobilised (if indicated), airway noises looked for; breathing rate and air entry assessed; radial pulse felt, quick check for bleeding made, and abdomen palpated; level of consciousness and pupils checked. If a problem is identified at any point, a more thorough check (as detailed above) should be performed, and appropriate treatment given.