



PHYSICAL ASSESSMENT



Escambia County, Florida – 1st Responder Medical Protocol

Primary/Initial Assessment

1. Determine responsiveness and level of consciousness. (Be aware of possible cervical spine injury).
2. **Airway:** Establish and maintain according to the patient's condition, check for adequacy, note potential problems, maintain cervical in-line stabilization.
3. **Breathing:** Evaluate respiratory rate, rhythm, muscles used in respiratory effort, note skin color, restlessness or apprehension.
4. **Circulation:** Control major external hemorrhage, note presence or absence and quality of pulses.
5. **Level of Consciousness:** Note skin condition, assess for confusion, agitation, or restlessness.

Special Notes - After Primary Assessment

1. The secondary/continuing assessment should take 1-2- minutes to complete.
2. The assessment should be systematic, though exact order may vary.
3. **Institute oxygen therapy before beginning of secondary survey if patient is cyanotic, demonstrates signs of hypoxia, or respiratory distress.**
4. Do not interrupt survey for treatment unless ABC deterioration or cervical spine injury is noted.
5. Obtain vital signs after secondary survey unless patient shows signs of shock.
6. Quickly evaluate extent of injuries and follow the appropriate protocols.
7. Check for Medic Alert Identification.



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Secondary/ Continuing Assessment

1. **Head and Face:**
 - a. Recheck airway for potential compromise; dentures, loose or avulsed teeth, foreign bodies, potential edema.
 - b. **Nose:** check for deformity, bleeding, cerebrospinal fluid, wounds, foreign bodies.
 - c. Examine and palpate for deformities, asymmetry, blood, pain or tenderness, possible fractures, wounds.
 - d. **Ears:** check for bleeding, lacerations, cerebrospinal fluid, wounds, foreign bodies.
 - e. **Eyes:** pupils equal or unequal, responsive to light, foreign bodies, contact lenses, lacerations, blurred or lost vision, Raccoon eyes.
2. **Neck:**
 - a. Evaluate for trauma, deformity, tenderness, and immobilize if appropriate.
 - b. Note wounds, neck vein distention, use of neck muscles for respiration, altered voice, tracheal deviation, check for stoma, Medic Alert Identification.
3. **Chest:**
 - a. Inspect and palpate sternum from clavicles to xiphoid.
 - b. Inspect and palpate for deformity, tenderness, wounds, fractures, equal expansion, air escape and crepitus.
 - c. Have patient take a deep breath; recheck for wounds, symmetry of breathing.
 - d. Assure posterior thorax (beware of spinal injury).



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4. **Abdomen:**
 - a. Inspect for wounds, bruising, and pulsating masses.
 - b. Palpate for rigidity, distention, point tenderness.
5. **Back:**
 - a. Inspect and palpate for wounds, fractures, tenderness, and bruising.
 - b. Check for sensory deficits as appropriate.
 - c. Beware of spinal injury.
6. **Pelvis:**
 - a. Inspect and palpate for tenderness and instability.
 - b. Check for incontinence.
7. **Lower Extremities:**
 - a. Inspect and palpate (one at a time) for wounds, fractures, and tenderness.
 - b. Check for distal pulses, color of extremity, gross edema, capillary refill.
 - c. Check for sensation.
 - d. Check for weakness (have patient push feet against your hands if no fractures).
8. **Shoulders/Upper Extremities:**
 - a. Inspect and palpate clavicles from sternum to shoulder (one at a time) for wounds, fractures, and tenderness.
 - b. Inspect and palpate upper and lower arms (one at a time), and hands for wounds, fractures, and tenderness.



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- c. Check for distal pulses, color of extremity, gross edema, capillary refill, and Medic Alert Identification.
- d. Check for sensation.
- e. Check for weakness (have patient squeeze your hands if no fracture exists).

General History

History is commonly obtained while performing the secondary/continuing assessment. An assistant may obtain and document information from family or bystanders.

Medical

- 1. Chief Complaint (Questioning to include the following):
 - a. Onset.
 - b. Quantity (Previous episodes).
 - c. Duration.
 - d. Associated symptoms or complaints.
- 2.
 - a. Signs and Symptoms.
 - b. Allergies.
 - c. Medications.
 - d. Past Illnesses.
 - e. Last meal.
 - f. Events leading up until now.



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3.
 - a. Period of pain.
 - b. Area of pain.
 - c. Intensity of pain.
 - d. Nullify - aggravate/alleviate.

Trauma

1. Patient Complaints: Work up as medical complaint.
2. Mechanism of Injury:
 - a. Implement.
 - b. Trajectory.
 - c. Force.
 - d. With vehicle; number of vehicles, speed, condition, (windshield, steering wheel, seat belt, etc).

Special Notes

1. Do not let gathering of information distract you from management of life threatening problems.
2. Appropriate questioning can provide you with valuable information while establishing your authority, competence, and rapport with the patient.
3. Do not forget to confirm information obtained from the patient to provide facts.
History from the scene is invaluable.
4. Consider medical causes for trauma, particularly in single vehicle accidents.



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