

# Secondary Survey

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## Patient History

- S Signs / Symptoms
  - Ask how they feel and to describe it
- A Allergies
  - Any known allergies – medications, environmental, food?
- M Medications
  - Any prescription, over the counter, or other drugs being used?
- P Past Medical History
  - Any history of heart conditions, breathing conditions, seizures, strokes, diabetes, high blood pressure?
- L Last Oral Intake
  - Any meals eaten and fluids consumed (including alcohol)
- E Events Leading Up To
  - What happened before you got there? How did it occur? How long ago?

## Vitals Signs

- Level of Consciousness      Assess using AVPU or Glasgow Coma Scale (GCS), if trained:
  - Alert
  - Verbal – responds to verbal stimulus, opens eyes to voice
  - Pain – responds to painful stimulus, opens eyes to pain
  - Unresponsive
  
- Level of Awareness      Awareness of surroundings and situation. Oriented to:
  - Person – knows themselves and you
  - Place – knows their location
  - Time – knows the time (month, day, etc.)
  
- Heart Rate      Check pulse point for:
  - Rate (# per minute)
  - Rhythm (regular or irregular)
  - Quality (describe it...weak, thready, bounding)
  
- Breathing Rate      Assess breathing for:
  - Rate (# per minute)
  - Rhythm (regular or irregular)
  - Depth (describe it...shallow, full, deep, sighing)
  
- Skin Condition      Assess skin for:
  - Colour (describe it)
  - Temperature (touch it...cool, warm, hot)
  - Condition (sweaty, dry, soaked)

Pupils

Observe pupils for:

- Reactivity to light
- Size

Blood Pressure

Complete blood pressure if trained to do so

## Head to Toe Assessment

Complete a focused, organized check of all body systems to determine any other injuries.

*Observe → Palpate*

**Head**

**Neck**

**Chest**

**Abdomen**

**Pelvis**

**Back**

**Legs**

**Arms**

