



GENERAL: Secondary Survey

- a. Refer to appropriate Emergency Treatment Guideline for a complete description and/or application.
- b. Performing the secondary survey in this situation is unlikely to yield any conditions that will significantly improve the patient's condition. These patients should have their secondary survey carried out en route if possible. Maintaining the airway, assisting with ventilations, or hemorrhage control may prevent a secondary survey from being carried out, even while en route.
- c. A secondary survey is a detailed head-to-toe survey which assesses all parts of the body using observation, comparison for bilateral symmetry, inspection, auscultation (if within scope of practice), and palpation. Clothing should be removed or cut away in order for EMS personnel to properly assess the patient. Patient privacy should be maintained at all times.
- d. Life threatening conditions found during the secondary survey should be treated immediately and "Load and Go" should be considered.
- e. Life-threatening conditions not identified in the primary survey but identified in the secondary survey should be treated immediately. Life-threatening conditions identified and treated in the primary survey should be reassessed in the secondary survey. "Load and go" criteria should be considered throughout the entire secondary survey.
- f. The pneumonic SAMPLE (Signs and Symptoms, Allergies, Medications, Pertinent past medical history, Last oral intake, and Events leading up to) may be used to assist in obtaining a pertinent current and past medical history. Consider alternate sources of medical identification (e.g. Medic-Alert) if available. Note any differences between the scene assessment, witness statements, and the patient's recollection.
- g. Obtain information on the situation from relatives, witnesses, and other response personnel.
- h. Vital signs include pulse (rate, rhythm, and quality), breathing (rate, rhythm, and quality), blood pressure (systolic and diastolic numerical values), SpO₂, temperature, and ECG tracing. Additionally, a GCS score, pupil size, equality, and reaction along with hand grip and strength should be obtained with each set of vital signs. A glucometer reading should be obtained, if indicated. Scope of function may limit some providers in these assessments.
- i. Repeat and record vital signs at regular intervals (5 - 15 mins.) or when there is a change in the patient's status.
- j. Can be performed concurrently with other scene activities / assessments.