**SCENE SIZE-UP**

* **BSI / Scene Safety**
* **NOI / MOI**
* **Number of Patients**
* **Consider Resources**
  + **ALS can be considered later, also consider, police, PEPCO, manpower, etc.**
* **Consider C-Spine**
  + **Direct Partner (if needed)**

**PRIMARY ASSESSMENT (Should be done within about 30 seconds)**

* **General Impression**
  + **Should be a question: “what is my general impression?”**
* **LOC and AVPU**
* **ABC or CAB (ABC for conscious, CAB for unconscious)**
* **Airway**
  + **Open Airway (head tilt vs jaw thrust)**
  + **Suction as necessary**
  + **Airway adjunct as necessary (snoring or gurgling respirations)**
* **Breathing** 
  + **Rate and quality**
  + **Consider 02**
    - **Ventilate for slow or rapid respirations**
    - **NC or NRB for SOB or TB**
* **Circulation**
  + **Pulse rate and quality**
  + **Skin**
* **Priority**

**Secondary Assessment (Rapid vs Focused)**

* **Rapid**
  + **Head, scalp**
  + **Eyes**
    - **Pearl?**
  + **Cheeks**
  + **Nose**
  + **Jaw and Mouth**
    - **Reevaluate Airway adjunct**
    - **Also check for teeth, fluid, foreign objects, tongue for obstructions**
  + **Neck**
    - **JVD**
    - **Trachea Deviation**
    - **Stoma**
    - **Medical Alert Tags**
  + **Clavicles**
    - **Intact? Apply C-Collar here**
  + **Sternum**
  + **Chest**
    - **Equal rise and fall?**
    - **Ribs?  
      Breath Sounds (6 total)**
  + **Flanks**
  + **Abdomen**
    - **4 Quadrants**
    - **Rigidity, Tenderness, guarding, Bruising?**
  + **Pelvis**
    - **Pubis**
    - **1) In**
    - **2) Down**
  + **Lower Extremities**
  + **Feet**
    - **PMS (stabilize foot when assessing PMS)**
  + **Upper extremities**
  + **Log Roll to uninjured Side (if applicable)**
    - **Assess back, lower extremities**
    - **Assess for BUFF**
  + **SAMPLE – OPQRST**
  + **Vitals**
* **Ongoing**
  + **Detailed Assessment**
  + **Repeat Vitals**
  + **Check interventions**

**Vitals**

* **BP, HR, RR, Sp02,** 
  + **Also consider: Skin, Eyes, Glucose**

**Abbreviations**

* **Sample**
  + **Signs/Symptoms**
  + **Allergies**
  + **Medical History**
  + **Pertinent Past History**
  + **Last Oral Intake**
  + **Events Leading up**
* **OPQRST**
  + **Onset (what were you doing)**
  + **Provocation (Anything make it better or worse?)  
    Quality (describe)**
  + **Radiating (spreading?)**
  + **Severity (Number 1-10)**
  + **Time (when did it start?)**
* **DCAP-BTLS**
  + **Deformities**
  + **Contusions**
  + **Abrasions**
  + **Punctures/Penetrations**
  + **Burns**
  + **Tenderness**
  + **Lacerations**
  + **Swelling**