

## **Primary Survey**

(CLSM 6:3-4)

- 1. LOC**
- 2. EMS**
- 3. d-Spine**
- 4. Airway**
- 5. Breathing**
- 6. Circulation**
- 7. Rapid Body Survey**

## **LOC (Level Of Consciousness)**

(CLSM 7:2)

When checking for level of consciousness, we usually “pinch and shout.” This gives our patient two stimuli:

1. \_\_\_\_\_
2. \_\_\_\_\_

If the patient does not respond to voice (and they are not deaf), we say that they are unconscious. An unconscious patient may still have a response to pain.

If the patient is conscious, then you still need to do a primary survey but it will be slightly different. (see end of handout)

## **(EMS)**

If the patient is unconscious or obviously has a life-threatening condition, we must phone EMS right away. If this is not obvious you may want to assess the problem or before determining whether EMS is necessary.

If the patient is in a hazardous place (such as the water), you want to remove them from the environment before calling EMS.

Always try to stay with the patient, but if you must leave an unconscious patient to phone EMS ensure that you leave the patient in  $\frac{3}{4}$  prone.

(See separate handout for more information on EMS)

## **delicate Spine**

(CLSM 7:3)

The only time that you don't treat an unconscious patient as if they may have a spinal injury is if it was witnessed and the history is clear. (ex. they collapsed from a medical condition such as angina and were helped to the ground by a friend)

For any unconscious patient where the history is unwitnessed, is unclear, or may indicate a fall, you must treat it as a potential spinal injury. In that case, you immobilize the patient with your hands until you can get some sandbags and don't move the head or neck from the position found. If you need to roll the patient onto their side to clear the airway, then you must do so as quickly as possible while trying to keep the head and neck in line.

You may also have to roll a patient from a face-down (prone) position to a face-up (supine) position if you are having trouble assessing or treating them.

---

## *National Lifeguard Service: Priority Action Approach*

---

### **Airway**

(CLSM 7:2-3)

If you did not see what happened, it is a good idea to look in the mouth of the unconscious patient to see if there is any fluid or objects that you can see.

How to do a jaw-thrust when a spinal injury is suspected.

- Open the airway by stabilizing the head and neck and moving the lower jaw.
- Place one hand on each side of the person's head with thumbs on the patient's cheekbones, resting your elbows on the same surface as the unresponsive person.
- Grasp the angles of the person's lower jaw (the back corners below the ears) and lift with both hands.
- Ensure that the person's head is not tilted backward or turned from side to side.
- Remove any dentures if they are loose.

If there is no spinal injury suspected, you can do a head-tilt along with your jaw thrust.

### **Breathing**

(CLSM 7:3)

Check for breathing for up to 10 seconds.

Look for \_\_\_\_\_

Listen for \_\_\_\_\_

Feel for \_\_\_\_\_

Breathing is difficult to assess and requires concentration. You may need to tell others to be quiet while you check for signs of breathing.

You are checking not just whether or not there is breathing, but whether or not it is effective.

Gulping for air, wheezing sounds, or high pitched noises are characteristics of ineffective breathing.

### **Circulation**

(CLSM 7:3)

Signs of circulation include:

1. Pulse
2. Normal Breathing
3. Movement
4. Coughing

Check for pulse for ten seconds. Pulse can be difficult to assess (especially if the patient has low blood pressure) and so it requires concentration. If you have not found a pulse after 10 seconds, and your patient is not breathing normally, moving, and coughing then start CPR right away.

How to find the carotid pulse:

- Maintain the open airway with one hand. With the fingers of your other hand, find the patient's Adam's apple.
- Slide your fingers into the groove beside the Adam's apples on the side of the neck closest to you. Press the neck gently with your fingers to feel the pulse. Do not use your thumb to check pulse.

### **Rapid Body Survey**

In a rapid body survey, we are looking for any life-threatening conditions. This generally includes four things:

1. \_\_\_\_\_  
Check underneath the patient and look for blood soaking into clothing. Remember that 'deadly' bleeding refers to a **lot** of blood.
2. \_\_\_\_\_  
Expose the chest to look for any major wounds or chest injuries that compromise the patient's breathing. When you roll the patient on their side, also expose the back, and chest for any major injuries.
3. \_\_\_\_\_  
Run your hands over torso and down each limb to check for any major injuries. Look at your patient when you do this to check for any response to pain.
4. \_\_\_\_\_  
Look for medical alert bracelets on wrists, ankles, and neck. Also pull things like a wallet out of the patient's pocket.

A rapid body survey should take no longer than 10-15 seconds. Keep in mind that you are just looking for life-threatening conditions that require immediate intervention.

### **Conscious Patient**

If the patient is conscious, then you still need to do a primary survey but it will be slightly different.

### **LOC**

- You want to know if the person was unconscious at any point: “Did you blackout at all?”
- You want to know if your patient is about to go unconscious: “Are you feeling dizzy?”
- You want to assess just how oriented and alert your patient is. To do this, simply analyze their responses to your questions to see if they are oriented to time and place.

### **d-spine**

- You want to know if the history warrants suspecting a spinal injury: “did you fall or hit your head at all?”
- Always play it on the safe side – if you are unsure, immobilize the head and neck.
- If a patient is a bit confused, take that into account when assessing a possible spinal injury.
- Keep in mind that if you are calling an ambulance anyways, you might as well take all precautions possible in your treatment.

### **airway/breathing**

- You should be able to tell if they are choking or in respiratory distress, but you can ask “are you having any trouble breathing? – take a deep breath – any pain?” “do you feel anything is your throat?”

### **circulation** –

- If your patient is conscious, they likely have a pulse.
- You still should check radial pulse to get an idea of how good their circulation is.

### **RBS**

- You can probably visually tell if the patient has a life-threatening injury, but you should ask as well “are you hurt anywhere else?”
- You may want to do a hands-on RBS if you suspect that your patient might have a severe injury based on what happened.
- You do want to find out about medical conditions at this point: “Do you have any medical conditions or major allergies?”