

PRIMARY ASSESSMENT—ADULT

GENERAL IMPRESSION	
- Determine the nature of illness or injury and estimate the patient condition based on chief complaint. - Determine futility of intervention or obvious death according to DOA or DNR Protocols. - Assess baseline mental status using the Glasgow Coma Score (GCS) - Establish overt or implied consent for treatment. - Determine need for spinal motion restriction if patient is unresponsive or sustained significant mechanism or injury.	New Onset GCS ≤ 13 or $2 < \text{normal GCS}$ Respiratory Rate <10 or >29 or Acute SpO₂ <90 Systolic Blood Pressure <90 or Heart Rate <45 or >145 ▼ STATUS 1 PATIENT See STATUS 1 Protocol
AIRWAY	
- Assess airway patency or impending obstruction. - Position to establish patent airway if unresponsive through chin lift or jaw thrust. - Clear blood and body substances if necessary. - Placement of oropharyngeal or nasopharyngeal airway if necessary.	
BREATHING	
- Assess for spontaneous breathing. - If no spontaneous breathing, begin BVM ventilation. - If spontaneously breathing, assess rate and depth of ventilations. - If slow or inadequate breathing, begin BVM ventilation. - Apply pulse oximeter and supplemental oxygen as indicated. - Assess waveform capnography as indicated (see Airway-ETCO₂ Procedure) - Inspect chest wall for equal movement or signs of injury. - Auscultate both lung fields to assess breath sounds. - Identify and correct any life threatening airway and/or breathing conditions concurrently with the rest of the initial assessment, including obstruction, definitive airway management (see AIRWAY Protocols), flail chest, tension pneumothorax, or sucking chest wound.	
CIRCULATION	
- If unresponsive, check for carotid pulse. - If pulse is absent, begin chest compressions and use quick Combo pads for quick look. See CARDIAC Protocols. - If pulse is present, estimate rate and quality. - Assess for extremity pulses, external hemorrhage, and signs of shock. - Identify and control sites of external hemorrhage. - Assess skin temperature.	
DISABILITY	
- Assess pupil reaction and compare size. - Assess extremity motor function. - Assess for quickly reversible causes of AMS, including CBG	
EXPOSURE	
- Remove clothing as necessary to determine the presence of a suspected injury or condition of illness. - After assessment, cover patient to conserve body heat.	