# PRIMARY SURVEY

## Airway

- check while leaving the C-spine immobilized
- generally assume: **anyone with blunt injury above the clavicle is probably a C-spine fracture**
- **Talk to them**, ask them where they are.
- Not answering? **Hurt them.**
  - Non-purposeful (eg. withdrawing or flexing) motor responses are a **STRONG INDICATION FOR INTUBATION**
  - Crude rule of thumb is a GCS of less than 8
- This is the point where you should look for facial fractures, foreign bodies, vomit and facial burns
  - When their ability to maintain an airway is at all in doubt, **INTUBATE**

## Breathing and Ventilation

- **expose** the chest
- **watch** the chest wall excursion: is it symmetrical?
- **Auscultate** it, high anterior – is air entry equal?
  - Tension pneumothorax, open pneumothorax, flail chest- these should be identified during the primary survey
  - If you find a tension pneumothorax, it becomes your priority. **DECOMPRESS THE TENSION PNEUMOTHORAX.**
  - Get a valve over the open pneumothorax.

## Circulation with haemorrhage control

- **HYPOTENSION** is **HYPOVOLEMIC** in trauma until proven otherwise
- **3 elements which yield important information in seconds:**
  - **LEVEL OF CONSCIOUSNESS**
  - **SKIN COLOUR** – ashen gray?
  - **PULSE** – thready and fast?
- **BLEEDING:**
  - Control with pressure
  - Control with bone traction, reduction of fractures, pelvic braces, etc
  - Look in the chest abdomen and pelvis
    - **Two large-bore cannulas**
    - At this point, someone should collect some bloods
    - **Administer WARM fluids**
    - Don’t put blood products in the microwave.