

North East London & Essex Trauma Network Primary Survey Cheat Sheet



Safety: Assess risks to staff before approaching (electrical, glass, falls risk, wet floor)

Catastrophic Haemorrhage: Apply direct pressure, elevate, apply splint, apply tourniquet (record time applied and rapidly transfer for definitive management)

Airway & Cervical Spine: If there is any concern over an injury to the spine the neck should be maintained in alignment with the spine, manoeuvres should be led by an experienced team member. Consider 'formal' immobilisation with collar / blocks & strapping.

Is airway clear? Check for oropharyngeal foreign bodies, only 'suck where you can see', Use 'jaw thrust' NOT 'head tilt – chin lift' to open airway, check teeth – including false teeth or bleeding in the oropharnyx. Remember that epistaxis can threaten an airway.

Breathing & Ventilation: Inspect neck & chest wall – front & back, feel for crepitus and surgical emphysema, percuss both apices and bases for equal resonance – hyper resonance may suggest pneumothorax, dullness may suggest haemothorax – these both require drainage. Listen to breath sounds – unequal breath sounds need further investigation and a chest x-ray. Record breath sounds and oxygen saturations – provide supplemental oxygen as required. Actively exclude:

Α	Airway Obstruction / Disruption
Т	Tension Pneumothorax
0	Open Chest Injury (Sucking Wound)
М	Massive Haemothorax
F	Flail Chest
С	Cardiac Tamponade

Circulation & Haemorrhage Control: HR, BP, Cap Refill, equal peripheral pulses. Palpate abdomen and pelvis – gently – DO NOT 'STRESS' THE PELVIS. If injury is considered, apply a pelvic splint and get a pelvic XR. Inspect long bones for fractures and splint if necessary. Treat hypotension from trauma with blood transfusion.

Disability: Assess GCS, Pupils – size & response to light. Limb movements in all 4 limbs (Power / Tone / Sensation). Is spinal cord injury is suspected get senior help and record the 'sensory level' – the lowest point at which the patient has sensation – on each side of the body.

EXPOSURE: Check temperature and blood sugar. Keep patient warm. Consider need for imaging or FAST-US.

Major Trauma advice is available 24/7 from the Major Trauma Centre at The Royal London Hospital via referapatient.org. Consultant in Charge - 020 3519 7165