b. Neck
    i. Jugular venous distension
    ii. Tracheal position
    iii. Spinal tenderness
c. Chest
    i. Retractions
    ii. Breath sounds
    iii. Chest wall tenderness, deformity, crepitus, and excursion
    iv. Respiratory pattern, symmetry of chest movement with respiration
d. Abdomen/Back
    i. Tenderness or bruising
    ii. Abdominal distension, rebound, or guarding
    iii. Spinal tenderness, crepitus, or step-offs
    iv. Pelvic stability or tenderness
e. Extremities
    i. Pulses
    ii. Edema
    iii. Deformity/crepitus
f. Neurologic
    i. Mental status/orientation
    ii. Motor/sensory
g. Evaluate for medical equipment (e.g., pacemaker/defibrillator, left ventricular assist device (LVAD), insulin pump, dialysis fistula)

8. Obtain baseline vital signs (an initial full set of vital signs is required: pulse, blood pressure, respiratory rate, neurologic status assessment and obtain pulse oximetry if indicated)
    a. Neurologic status assessment [See Appendix VII. Neurologic Status Assessment] involves establishing a baseline and then trending any change in patient neurologic status
        i. Glasgow Coma Score (GCS) is frequently used, but there are often errors in applying and calculating this score. With this in consideration, a more simple field approach may be as valid as GCS. Either AVPU or only the motor component of the GCS may more effectively serve in this capacity
        ii. Sternal rub as a stimulus is discouraged
    b. Patients with cardiac or respiratory complaints
        i. Pulse oximetry
        ii. 12-lead electrocardiogram (EKG) should be obtained promptly in patients with cardiac or suspected cardiac complaints
        iii. Continuous cardiac monitoring, if available
        iv. Consider waveform capnography for patients with respiratory complaints (essential for critical patients and those patients who require invasive airway management)
    c. Patient with altered mental status
        i. Check blood glucose. If low, go to Hypoglycemia Guideline
        ii. Consider waveform capnography (essential for critical patients and those patients who require invasive airway management) or digital capnometry
    d. Stable patients should have at least two sets of pertinent vital signs. Ideally, one set should be taken shortly before arrival at receiving facility
    e. Critical patients should have pertinent vital signs frequently monitored