a. Contusions
b. Abrasions
c. Hematomas
d. Jugular vein distention (JVD)
e. Tracheal deviation

2. Palpate for crepitus
3. Spinal assessment per Spinal Care Guideline

ii. Chest – See Initial Treatment
1. Palpate for instability/crepitus
2. Listen to breath sounds
3. Inspect for penetrating or soft tissue injuries

iii. Abdomen
1. Palpate for tenderness
2. Inspect for penetrating or soft tissue injuries
3. Cover eviscerated abdominal contents with moist dressings

iv. Pelvis
1. Inspect for penetrating or soft tissue injuries
2. Palpate once for instability by applying medial pressure on the iliac crests bilaterally

v. Back
1. Maintain spinal alignment. Refer to Spinal Care Guideline
2. Inspect for penetrating or soft tissue injuries

vi. Neurologic status assessment [See Appendix VII. Neurologic Status Assessment]
1. Serial assessment of mental status
2. Gross exam of motor strength and sensation in all four extremities

vii. Extremities
1. Assess for fracture/deformity – See Extremity Trauma/External Hemorrhage Management Guideline
2. Assess peripheral pulses/capillary refill

c. Additional treatment considerations
i. Maintain spine precautions per the Spinal Care Guideline
ii. Splint obvious extremity fractures per the Extremity Trauma/External Hemorrhage Management Guideline
iii. Provide pain medication per the Pain Management Guideline

Patient Safety Considerations

1. Life-threatening injuries identified on primary survey should be mitigated immediately with rapid transport to a trauma center
2. Monitor patient for deterioration over time with serial vital signs (pulse, blood pressure, respiratory rate, neurologic status assessment) and repeat neurologic status assessment [See Appendix VII. Neurologic Status Assessment]
   a. Patients with compensated shock may not manifest hypotension until severe blood loss has occurred
   b. Patients with traumatic brain injury may deteriorate as intracranial swelling and hemorrhage increase. [See Head Injury Guideline]
3. Anticipate potential for progressive airway compromise in patients with trauma to head and neck