



- a. Airway (assess for patency and open the airway as indicated) – go to [Airway Management Guideline](#)
 - i. Patient is unable to maintain airway patency—open airway
 1. Head tilt/chin lift
 2. Jaw thrust
 3. Suction
 4. Consider use of the appropriate airway management adjuncts and devices: oral airway, nasal airway, supraglottic airway device or endotracheal tube
 5. For patients with laryngectomies or tracheostomies, remove all objects or clothing that may obstruct the opening of these devices, maintain the flow of prescribed oxygen, and reposition the head and/or neck
 - b. Breathing
 - i. Evaluate rate, breath sounds, accessory muscle use, retractions, patient positioning, oxygen saturation
 - ii. Provide supplemental oxygen as appropriate to achieve the target of 94–98% oxygen saturation (SPO₂) based upon clinical presentation and assessment of ventilation (e.g., EtCO₂)
 - iii. Apnea (not breathing) – go to [Airway Management Guideline](#)
 - c. Circulation
 - i. Control any major external bleeding [See [General Trauma Management Guideline](#) and/or [Extremity Trauma/External Hemorrhage Management Guideline](#)]
 - ii. Assess pulse
 1. If none – go to [Resuscitation Section](#)
 2. Assess rate and quality of carotid and radial pulses
 - iii. Evaluate perfusion by assessing skin color and temperature
 1. Evaluate capillary refill
 - d. Disability
 - i. Evaluate patient responsiveness: **AVPU** (**A**lert, **V**erbal, **P**ainful, **U**nresponsive)
 - ii. Evaluate gross motor and sensory function in all extremities
 - iii. Check blood glucose in patients with altered mental status (AMS) or suspected stroke. If blood glucose is less than 60 mg/dL – go to [Hypoglycemia Guideline](#)
 - iv. If acute stroke suspected – go to [Suspected Stroke/Transient Ischemic Attack Guideline](#)
 - e. Expose patient for exam as appropriate to complaint
 - i. Be considerate of patient modesty
 - ii. Keep patient warm
6. Assess for urgency of transport
 7. Secondary survey

The performance of the secondary survey should not delay transport in critical patients. See also secondary survey specific to individual complaints in other protocols. Secondary surveys should be tailored to patient presentation and chief complaint. The following are suggested considerations for secondary survey assessment:

 - a. Head
 - i. Pupils
 - ii. Ears
 - iii. Naso-oropharynx
 - iv. Skull and scalp