

Disability

- **LEVEL OF CONSCIOUSNESS:** you should already have an idea of the GCS
 - Eye response and verbal response is already obvious
 - **MOTOR** response is tricky, that's why you torture them while looking at their airway.
 - Abnormal extension is 2, abnormal flexion is 3, withdrawal is 4, and localization is 5.
- **Lateralising signs:** if they can move, let them wriggle their toes and fingers
- **PUPILS:** if they can't move, that's all you have to go by

EXPOSURE AND ENVIRONMENT

- **STRIP THEM.**
- **At this point, you should log roll them. May be part of secondary survey**
- After that, **WARM BLANKETS AND WARM FLUIDS**

ADJUNCTS TO THE PRIMARY SURVEY

- **ECG**
- **URINARY CATHETER:** unless there is
 - a pelvic fracture
 - perineal bruising
 - blood in the urethra
 - blood in the scrotum
 - high-riding non-palpable prostate
- **NASOGASTRIC TUBE** unless there are midface fractures
 - Otherwise, use an orogastric tube
- **Collect a set of observations and an ABG** after the primary survey
- **XRAYs** should happen at this stage, to check for tube position and so on
 - You can limit yourself to just chest and pelvis at this stage

At this stage, you should think about whether you need to transfer this patient