

# PRIMARY SURVEY

The **primary survey** is a quick, systematic assessment of a person to establish if any conditions or injuries sustained are life threatening. By following a methodical sequence using established techniques, each life-threatening condition can be identified in a priority order and dealt with on a “find and treat” basis. The sequence should be applied to every casualty you attend quickly and systematically. You should not allow yourself to be distracted from it by other events. The chart opposite guides you through this sequence. Depending on your findings you may not move on to the next stage of the assessment. Only when life-threatening conditions are successfully managed, or there are none, should you perform a secondary survey (pp.46–48).

## RESPONSE

At this point you need to make a quick assessment to find out whether a casualty is responding to you or is unresponsive. Observe the casualty as you approach. Introduce yourself even if he does not appear to be responding to you. Ask the casualty some questions, such as, “What happened?” or “Are you all right?” or give a command, such as “Open your eyes!” If there is no initial response, gently shake the casualty’s shoulders. If the casualty is a child, tap his shoulder; if he is an infant, tap his foot. If there is still no response, he is described as unresponsive. If the casualty makes eye contact or some other gesture, he is responsive.

Unresponsive casualties take priority and require urgent treatment (pp.54–87).

## AIRWAY

The first step is to check that a casualty’s airway is open and clear. If a casualty is alert and talking to you, it follows that the airway is open and clear. If, however, a casualty is unresponsive, the airway may be obstructed (p.59). You need

to open and clear the airway (adult, p.63; child, p.73; infant, p.80) – do not move on to the next stage until it is open and clear.

## BREATHING

Is the casualty breathing normally? Look, listen and feel for breaths. If he is alert and/or talking to you, he will be breathing. However, it is important to note the rate, depth and ease with which he is breathing. For example, conditions such as asthma (p.102) that cause breathing difficulty require urgent treatment.

If an unresponsive casualty is not breathing, the heart will stop. Chest compressions and rescue breaths (cardiopulmonary resuscitation/CPR) must be started immediately (adult, pp.66–71; child, pp.76–79; infant, 82–83).

## CIRCULATION

Conditions that affect the circulation of blood can be life threatening. Injuries that result in severe bleeding (pp.114–15) can cause blood loss from the circulatory system, so must be treated immediately to minimise the risk of a life-threatening condition known as shock (pp.112–13).

Only when life-threatening conditions have been stabilised, or there are none present, should you begin to carry out a detailed secondary survey of the casualty (pp.46–48).

# THE ABC CHECK

Work through these checks quickly and systematically to establish treatment priorities.

## AIRWAY

Is the casualty’s airway open and clear (adult, pp.62–63; child, pp.72–73; infant, p.80)?

NO

YES



RESPONSIVE

■ If the casualty is responsive, treat conditions such as choking or suffocation that cause the airway to be blocked. Go to the next stage, **BREATHING**, when the airway is open and clear.



UNRESPONSIVE

■ If the casualty is unresponsive, tilt the head and lift the chin to open the airway (adult, p.63; child, p.73; infant, p.80). Go to the next stage, **BREATHING**, when the airway is open and clear.

## BREATHING

Is the casualty breathing normally? Look, listen and feel for breaths.

NO

YES



RESPONSIVE

■ Treat any difficulty found; for example, asthma. Go to the next stage, **CIRCULATION**.



UNRESPONSIVE

■ If the casualty is unresponsive and not breathing, **call 999/112 for emergency help**. Begin chest compressions and rescue breaths (adult, pp.66–71; child, pp.76–79; infant, pp.82–83). If this happens, you are unlikely to move on to the next stage.

## CIRCULATION

Are there any signs of severe bleeding?

YES

NO



UNRESPONSIVE

■ Control the bleeding (pp.114–15). **Call 999/112 for emergency help**. Treat the casualty to minimise the risk of shock (pp.112–13).

If life-threatening conditions are managed, or there are none present, move on to the **secondary survey** (pp.46–48) to check for other injury or illness.