

# Emergency Secondary Assessment – CE

## CHECKLIST

S = Satisfactory      U = Unsatisfactory      NP = Not Performed

| Step   | S | U | NP | Comments |
|--|---|---|----|----------|
| Ensured that the primary assessment was complete and interventions had been initiated for life-threatening conditions.   |   |   |    |          |
| Proceeded immediately to the next step if already wearing PPE. Otherwise, performed hand hygiene and donned appropriate PPE.   |   |   |    |          |
| Assessed for risk factors for spinal injury.   |   |   |    |          |
| If indicated, ensured that spinal alignment was maintained throughout the primary and secondary assessments.   |   |   |    |          |
| Performed the secondary assessment systematically by following the mnemonic F-G-H-I-J.   |   |   |    |          |
| <b>F = Full Set of Vital Signs and Family Presence</b>   |   |   |    |          |
| Obtained and trended readings for blood pressure, pulse, respiratory rate, SpO <sub>2</sub> , and temperature at regular intervals.  |   |   |    |          |
| Offered the family the opportunity to be with the patient in the treatment area if appropriate. Provided a support person to be with them to answer questions and explain procedures.  |   |   |    |          |
| <b>G = Get Monitoring Devices and Give Comfort</b>   |   |   |    |          |
| Followed the mnemonic L-M-N-O-P when obtaining resuscitation monitoring devices and supports.  |   |   |    |          |
| <b>L = Laboratory Studies</b>  |   |   |    |          |
| Obtained appropriate laboratory tests.   |   |   |    |          |
| In the presence of the patient, labeled the specimen(s) per the organization's practice.   |   |   |    |          |
| Prepared each specimen for transport.<br>1. Placed the labeled specimen in a biohazard bag.<br>2. If the specimen required ice for transport, placed the specimen in a biohazard bag, then placed the bag with the specimen into a second biohazard bag filled with ice slurry |   |   |    |          |
| Immediately transported the specimen(s) to the laboratory.   |   |   |    |          |
| <b>M = Monitoring (Cardiac)</b>  |   |   |    |          |
| Monitored cardiac rate and rhythm.   |   |   |    |          |
| <b>N = Nasogastric or Orogastric Tube</b>  |   |   |    |          |
| Inserted a nasogastric or orogastric tube if indicated or prescribed. Avoided the nasogastric route in   |   |   |    |          |

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| patients with a suspected head injury or mid-face fractures.  |   |   |    |          |
| <b><i>O = Oxygenation and Ventilation (SpO<sub>2</sub>, ETCO<sub>2</sub>)</i></b>   |   |   |    |          |
| Monitored oxygenation by implementing pulse oximetry (if not performed previously). Did not rely on pulse oximetry readings in a patient with poor perfusion. Assessed the quality of the plethysmographic waveform if there was any doubt. |   |   |    |          |
| Assessed ventilation by monitoring ETCO <sub>2</sub> levels via capnography.  |   |   |    |          |
| <b><i>P = Pain Assessment and Management</i></b>  |   |   |    |          |
| Assessed and treated pain with pharmacologic and nonpharmacologic interventions as indicated.   |   |   |    |          |
| <b><i>H = History and Head-to-Toe Assessment</i></b>  |   |   |    |          |
| Obtained a prehospital report of the incident or illness and the patient’s history. Assessed the patient from head to toe.  |   |   |    |          |
| <b><i>Head and Face</i></b>   |   |   |    |          |
| Inspected the head and face for wounds, deformities, discolorations, or bloody or serous drainage from the nose or ears. Palpated the entire head and face for wounds, deformities, or tenderness.  |   |   |    |          |
| In the conscious and cooperative patient, evaluated extraocular movements, gross vision, and dental occlusion.  |   |   |    |          |
| Noted any unusual odors.  |   |   |    |          |
| <b><i>Neck</i></b>  |   |   |    |          |
| If necessary, removed the anterior portion of the cervical collar while another person maintained manual stabilization of the head and neck.  |   |   |    |          |
| Inspected the anterior neck for wounds, jugular venous distention, discolorations, or deformities. Palpated the anterior neck for deformities, crepitus, tenderness, or tracheal deviation.   |   |   |    |          |
| Gently palpated the posterior neck from the base of the skull to the upper back for wounds, deformities, tenderness, or muscle spasms.  |   |   |    |          |

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| <b><i>Chest</i></b>  |   |   |    |          |
| Inspected the anterior and lateral chest for wounds, deformities, discolorations, respiratory expansion, symmetry, and paradoxical movement. Palpated the anterior and lateral chest for deformities, tenderness, or crepitus. |   |   |    |          |
| Auscultated breath sounds to determine whether they were present and equal bilaterally and noted any abnormal sounds.  |   |   |    |          |
| Auscultated heart sounds to determine whether they were clear or muffled.  |   |   |    |          |
| <b><i>Abdomen and Flanks</i></b>   |   |   |    |          |
| Inspected the abdomen and flanks for wounds, discolorations, or distention.  |   |   |    |          |
| Auscultated all quadrants for the presence of bowel sounds.  |   |   |    |          |
| Gently palpated the abdomen and flanks for tenderness, guarding, rigidity, or masses. Palpated known painful areas last.   |   |   |    |          |
| <b><i>Pelvis and Perineum</i></b>  |   |   |    |          |
| Inspected the pelvic area and perineum for wounds, deformities, discolorations, or bleeding from the urinary meatus, vagina, or rectum.  |   |   |    |          |
| Palpated for pelvic tenderness, crepitus, or instability.  |   |   |    |          |
| If necessary and not contraindicated, placed an indwelling urinary catheter.   |   |   |    |          |
| <b><i>Extremities</i></b>  |   |   |    |          |
| Inspected all extremities for wounds, deformities, or discolorations.  |   |   |    |          |
| Palpated all extremities for tenderness, deformities, muscle spasms, skin temperature and moisture, and distal pulses.   |   |   |    |          |
| If the patient was conscious, determined gross motor and sensory function.   |   |   |    |          |
| <b>I = Inspect Posterior Surfaces</b>  |   |   |    |          |
| In the injured patient, obtained assistance to maintain cervical spine alignment and supported injured extremities while log rolling the patient to the side.  |   |   |    |          |

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| Inspected the posterior surfaces for wounds, deformities, or discolorations. Palpated all posterior surfaces for wounds, deformities, or muscle spasms. |   |   |    |          |
| If indicated, the practitioner performed a rectal examination.4. Remove the backboard or transferring device as indicated.                              |   |   |    |          |
| Removed the backboard or transferring device as indicated.  |   |   |    |          |
| <b>J = Just Keep Reevaluating</b>   |   |   |    |          |
| Continued ongoing monitoring and evaluation of the patient.   |   |   |    |          |
| <b>Completing the Procedure</b>   |   |   |    |          |
| Took the patient’s temperature, if not done earlier.  |   |   |    |          |
| Performed a focused assessment of any injuries or abnormalities found.  |   |   |    |          |
| Obtained more details about the patient’s medical history.  |   |   |    |          |
| Evaluated the patient’s evolving condition and intervened as needed.  |   |   |    |          |
| Assessed, treated, and reassessed pain.   |   |   |    |          |
| Implemented spinal protection measures and other interventions as indicated.  |   |   |    |          |
| Obtained diagnostic tests as indicated.   |   |   |    |          |
| Ensured that the family was given the opportunity to be with the patient. Provided a support person.  |   |   |    |          |
| Discarded supplies, removed PPE, and performed hand hygiene.  |   |   |    |          |
| Documented the procedure in the patient’s record.   |   |   |    |          |

Learner: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_