



- 1** Interview patient and/or bystanders:
- Confirm chief complaint and mechanism of injury as determined by primary survey.
 - Collect patient history (SAMPLE: Signs and symptoms, Allergies, Medications, Past medical history, Last meal, Events prior to incident).



- 2** Check and record vital signs:
- Level of consciousness (use Glasgow Coma Scale)
 - Breathing (rate, rhythm, and quality)
 - Pulse (rate, rhythm, and quality)
 - Skin characteristics (colour, condition, and temperature)
 - Blood pressure (rate)
 - Pupils (size, pupils of equal size, and reactive to light)

Glasgow Coma Scale (GCS)

Eye Opening (E)

- Spontaneous–4
- To voice–3
- To pain–2
- No response–1

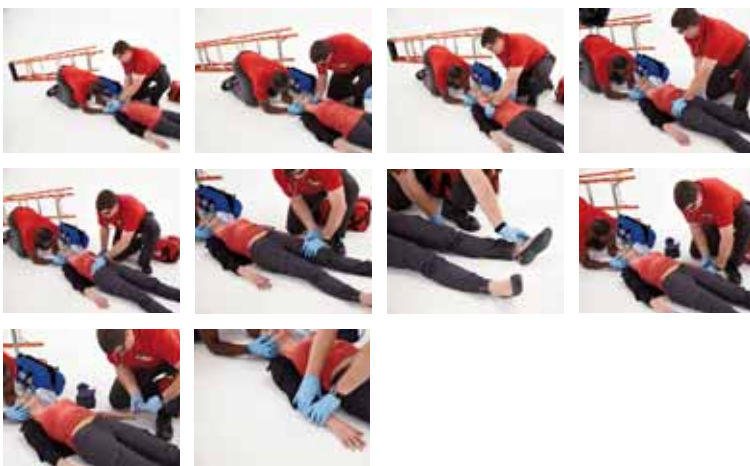
Best Verbal Response (V)

- Oriented and converses–5
- Disoriented and converses–4
- Inappropriate words–3
- Incomprehensible sounds–2
- No response–1

$E + V + M = 3 \text{ to } 15$

Best Motor Response (M)

- To verbal command:
 - Obeys command–6
- To painful stimulus:
 - Localizes pain–5
 - Withdrawal–4
 - Abnormal flexion–3
 - Abnormal extension–2
 - No response–1



- 3** Complete head-to-toe physical examination:
- Get consent from patient before touching her.
 - Carefully and systematically examine (exposing when needed) and palpate:
 - Head and neck
 - Shoulders and collarbones
 - Chest
 - Back
 - Abdomen
 - Pelvis and hips
 - Legs and arms