Rapid Trauma Assessment

Name or ID: _____ **Age:** _____

Gender

◯ Male ◯ Female ◯ Other

PATIENT RESPONSIVENESS AND MENTAL STATUS

Alert and Oriented to

☐ Person
☐ Place
☐ Time
☐ Event

AVPU:

Is the patient alert?

◯ Yes ◯ No

Does the patient respond to Verbal cues?

◯ Yes ◯ No

Does the patient respond to Pain stimulation?

◯ Yes ◯ No

Is the patient completely Unresponsive?

◯ Yes ◯ No

ABCS ASSESSMENT

Major Hemorrhage Check (choose one)

◯ Presence of Major Bleeding ◯ Absence of Major Bleeding

Airway

◯ Patent ◯ Obstructed

Breathing

◯ Adequate ◯ Inadequate

Circulation

☐ Presence of Central Pulse
☐ Presence of Distal Pulse

Skin Color: _____ **Temperature:** _____

FULL HEAD-TO-TOE EXAMINATION

Head

- [ ] Deformities
- [ ] Contusions
- [ ] Abrasions
- [ ] Punctures / Penetrations
- [ ] Burns
- [ ] Tenderness
- [ ] Lacerations
- [ ] Swelling

Neck

- [ ] Jugular Vein Distension
- [ ] Tracheal Deviation

Eyes

- [ ] Pupils Round
- [ ] Equal
- [ ] Reactive to Light and Accommodation

Shoulders and Chest

- [ ] Inspect and Palpate

Findings

Abdomen

- [ ] Palpate Four Quadrants

Findings

Upper Extremities

- [ ] Circulation
- [ ] Sensation
- [ ] Movement

Findings

Lower Extremities

- [ ] Circulation
- [ ] Sensation
- [ ] Movement

Findings

TRANSITION OF CARE

Handoff to: _____ Time: _____

Summary of Care Given

Signature