THE MEDICS LIBRARY

CLINICAL CHECKLIST

CC 001

Primary Survey (<C>ABCDE)

A practical quick-reference guide to support the structured assessment and management of life-threatening conditions.

Building knowledge • Inspiring confidence • Supporting responders

Welcome to Your Clinical Checklist

Beginning your journey in emergency care means learning to assess patients in a calm, structured and systematic way. Clinical Checklists have been developed to reinforce these essential skills and provide a practical reference that supports both learning and revision.

Whether you are attending your first responder course, preparing for a practical assessment or refreshing your knowledge, structured checklists can help build confidence and improve consistency in patient assessment.

This Clinical Checklist has been developed by The Medics Library to complement your training and reinforce the principles taught during emergency care education. Used regularly, it will help you develop safe habits and a logical approach to patient assessment.

Remember, a checklist is not a substitute for clinical judgement—it is a learning tool designed to support good practice and continual professional development.

📋 In This Checklist

- ✅ Follow the structured <C>ABCDE approach
- ✅ Reinforce the priorities of trauma assessment
- ✅ Recognise immediately life-threatening conditions
- ✅ Build confidence through structured practice
- ✅ Support revision before practical assessments

🎯 Our Aim

Every confident clinician begins with a structured approach.

At The Medics Library, we believe that safe patient care starts with clear thinking, sound knowledge and consistent practice. Our Clinical Checklists are designed to simplify key clinical processes into practical, easy-to-use learning resources that support learners throughout their development.

Wherever you are on your journey, our aim is to help you build confidence, strengthen clinical decision-making and develop the habits that underpin safe and effective emergency care.

Building knowledge. Inspiring confidence. Supporting responders.

SECTION 1

🩸 <C> Catastrophic Haemorrhage

Catastrophic haemorrhage is the first priority of the Primary Survey because severe external bleeding can rapidly become life-threatening. Before assessing the airway, identify and control any catastrophic bleeding using the most appropriate method available. Early recognition and prompt intervention can significantly improve patient outcomes.

✅ Clinical Checklist

☐ Ensure the scene is safe.
☐ Look for severe external bleeding.
☐ Apply direct pressure where appropriate.
☐ Pack deep wounds with a haemostatic dressing if indicated.
☐ Apply a tourniquet to life-threatening limb haemorrhage when required.
☐ Secure and reassess bleeding control.
☐ Continue to monitor for signs of ongoing blood loss.

💡 Clinical Reminder

Life-threatening external haemorrhage must be controlled before progressing to the airway assessment. Delaying haemorrhage control can rapidly lead to hypovolaemic shock and cardiac arrest.

👨‍🏫 Clinical Educator's Tip

Always reassess the effectiveness of your intervention. A tourniquet or dressing that controlled bleeding initially may require adjustment if bleeding recommences or the patient's condition changes.

SECTION 2

🫁 A – Airway

A patent airway is essential for life. Without an open airway, oxygen cannot reach the lungs and vital organs. During the Primary Survey, assess the airway immediately after controlling any catastrophic haemorrhage, identifying and managing any obstruction without delay.
An airway that is partially or completely blocked can rapidly lead to hypoxia, unconsciousness and cardiac arrest. Early recognition and simple airway manoeuvres are often all that is required to restore airway patency.

✅ Clinical Checklist

- ☐ Introduce yourself if appropriate.
- ☐ Assess the patient's level of responsiveness.
- ☐ Look for signs of airway obstruction.
- ☐ Listen for abnormal airway sounds (snoring, gurgling or stridor).
- ☐ Open the airway using an appropriate manoeuvre.
- ☐ Remove any visible foreign material if safe to do so.
- ☐ Consider airway adjuncts if trained and indicated.
- ☐ Continually reassess airway patency.

💡 Clinical Reminder

A patient who is able to speak in full sentences is likely to have a patent airway. Continue to monitor, as airway compromise can develop rapidly.

👨‍🏫 Clinical Educator's Tip

Always use the simplest effective airway intervention first. Regular reassessment is essential, as a patient's airway can deteriorate quickly, particularly following trauma or a reduced level of consciousness.

SECTION 3

🌬️ B – Breathing

Once the airway has been assessed and managed, the next priority is to evaluate the patient's breathing. Effective breathing is essential to ensure oxygen reaches the bloodstream and vital organs. During this stage, identify signs of respiratory distress, inadequate ventilation or life-threatening chest injuries that require immediate intervention.
Assess breathing systematically using a look, listen and feel approach, while considering the rate, depth, effort and effectiveness of each breath. Early recognition of abnormal breathing allows prompt treatment and can prevent further deterioration.

✅ Clinical Checklist

- ☐ Look for chest rise and fall.
- ☐ Assess the respiratory rate.
- ☐ Observe the depth and pattern of breathing.
- ☐ Look for increased work of breathing.
- ☐ Listen for abnormal breath sounds.
- ☐ Feel for equal chest expansion where appropriate.
- ☐ Check oxygen saturation if monitoring equipment is available.
- ☐ Identify and manage immediately life-threatening chest injuries.
- ☐ Administer oxygen if indicated and within your scope of practice.
- ☐ Continually reassess the patient's breathing.

💡 Clinical Reminder

Normal breathing is regular, effortless and adequate. Any signs of respiratory distress, poor chest movement or abnormal breathing should prompt immediate assessment and appropriate intervention.

👨‍🏫 Clinical Educator's Tip

Don't focus on just one observation. Combine what you see, hear and measure to build an overall picture of the patient's respiratory status. Always reassess after any intervention, as breathing can improve or deteriorate rapidly.

SECTION 4

❤️ C – Circulation

Following the assessment of breathing, the next priority is to evaluate the patient's circulation. The aim is to identify signs of inadequate perfusion, uncontrolled bleeding or circulatory shock that may compromise the delivery of oxygen to vital organs.
A systematic assessment of circulation helps identify patients who require immediate intervention. Prompt recognition and appropriate management can reduce further deterioration and improve patient outcomes.

✅ Clinical Checklist

- ☐ Assess the patient's pulse rate, rhythm and quality.
- ☐ Observe skin colour, temperature and condition.
- ☐ Assess capillary refill time where appropriate.
- ☐ Check for any signs of ongoing bleeding.
- ☐ Look for evidence of hypovolaemic shock.
- ☐ Consider the mechanism of injury and the possibility of concealed haemorrhage.
- ☐ Control any identified bleeding.
- ☐ Reassess circulation following every intervention.

💡 Clinical Reminder

Not all serious bleeding is visible. Patients with significant trauma may develop life-threatening internal haemorrhage despite having little or no external blood loss.

👨‍🏫 Clinical Educator's Tip

Never rely on a single clinical sign when assessing circulation. Combine your observations with the patient's history, mechanism of injury and overall presentation to build a complete clinical picture.

SECTION 5

🧠 D – Disability

The Disability assessment provides a rapid evaluation of the patient's neurological status. It helps identify changes in consciousness, brain function and other conditions that may require immediate intervention.
A structured neurological assessment allows responders to recognise deterioration early, prioritise appropriate treatment and communicate the patient's condition clearly to other healthcare professionals.

✅ Clinical Checklist

- ☐ Assess the patient's level of consciousness using ACVPU.
- ☐ Determine if the patient is Alert.
- ☐ Assess for new Confusion.
- ☐ Check if the patient responds to Voice.
- ☐ Check if the patient responds to Pain.
- ☐ Identify if the patient is Unresponsive.
- ☐ Assess pupil size and reaction to light where appropriate.
- ☐ Check blood glucose if indicated and within your scope of practice.
- ☐ Observe for any changes in neurological status.
- ☐ Continually reassess the patient's level of consciousness.

💡 Clinical Reminder

A change in the patient's level of consciousness is often an early indicator of deterioration. Any reduction in responsiveness should prompt immediate reassessment and appropriate intervention.

👨‍🏫 Clinical Educator's Tip

Use the same assessment method every time you examine a patient. A consistent approach makes it much easier to recognise subtle changes in neurological status and communicate these accurately during handover.

SECTION 6

🌡️ E – Exposure & Environment

The final stage of the Primary Survey is Exposure and Environment. This involves exposing the patient sufficiently to identify injuries that may not be immediately visible while maintaining their dignity and preventing unnecessary heat loss. Patients with trauma are particularly vulnerable to hypothermia, which can worsen bleeding, impair clotting and negatively affect patient outcomes. Expose only as much of the patient as is necessary to complete your assessment, and take appropriate measures to protect them from the environment.

✅ Clinical Checklist

- ☐ Expose the patient only as much as necessary.
- ☐ Assess for hidden injuries.
- ☐ Maintain the patient's dignity at all times.
- ☐ Protect the patient from heat loss.
- ☐ Remove wet clothing where appropriate.
- ☐ Cover the patient with blankets or warming devices if available.
- ☐ Continue to monitor the patient's temperature.
- ☐ Complete a full body assessment if appropriate.
- ☐ Reassess the patient following completion of the Primary Survey.

💡 Clinical Reminder

Expose to assess—but cover to protect. Preventing hypothermia is an important part of trauma care and should begin as early as possible.

👨‍🏫 Clinical Educator's Tip

The Primary Survey does not end at Exposure. Once you have completed the <C>ABCDE assessment, begin the process again. Continuous reassessment is essential because a patient's condition can change rapidly, particularly following trauma.

🔄 Primary Survey Quick Reference

Follow the <C>ABCDE Sequence

🩸 **<C> Catastrophic Haemorrhage**
✔️ Identify life-threatening bleeding.
✔️ Control haemorrhage immediately.
✔️ Reassess the effectiveness of your intervention.

🫁 **A – Airway**
✔️ Ensure the airway is patent.
✔️ Identify and manage airway obstruction.
✔️ Continue to reassess airway patency.

🌬️ **B – Breathing**
✔️ Assess breathing rate, depth and effectiveness.
✔️ Identify respiratory distress or chest injuries.
✔️ Treat immediately life-threatening conditions.

❤️ **C – Circulation**
✔️ Assess pulse and perfusion.
✔️ Control any ongoing bleeding.
✔️ Recognise the early signs of shock.

🧠 **D – Disability**
✔️ Assess neurological status using ACVPU.
✔️ Identify changes in consciousness.
✔️ Monitor for deterioration.

🌡️ **E – Exposure & Environment**
✔️ Identify hidden injuries.
✔️ Maintain dignity.
✔️ Prevent hypothermia.
✔️ Continue reassessment.

💡 Remember

The Primary Survey is dynamic, not a one-time assessment. Treat immediately life-threatening problems as they are identified, then continually reassess the patient throughout their care.

👨‍🏫 Clinical Educator's Tip

Develop the habit of mentally working through the <C>ABCDE sequence every time you assess a patient. A consistent, structured approach improves patient safety, supports effective teamwork and helps ensure that life-threatening conditions are recognised and managed promptly.

Congratulations on completing this Clinical Checklist.

Developing a structured approach to patient assessment is one of the most important skills in emergency care. Every time you practise the <C>ABCDE Primary Survey, you strengthen your ability to recognise life-threatening conditions, prioritise treatment and provide safe, effective patient care.

Remember that confidence is built through repetition, reflection and continual learning. Clinical Checklists are designed to reinforce key principles and support your development, but they should always be used alongside formal education, current clinical guidelines and your organisation's policies and procedures.

At The Medics Library, we are committed to producing practical, evidence-informed educational resources that help learners build knowledge, develop clinical confidence and progress throughout their careers.

We hope this Clinical Checklist has helped you take another positive step on your journey towards becoming a confident and capable responder.

📚 Continue Your Learning

🚑 First Response Foundations

Develop the essential knowledge, practical skills and professional confidence required to begin your journey in pre-hospital and emergency care.

🩹 Trauma Foundations

Build a structured approach to the assessment and management of injured patients through clear explanations, practical examples and evidence-informed guidance.

❤️ ECG Foundations

Develop confidence in recognising ECG rhythms, understanding cardiac assessment and applying structured ECG interpretation in clinical practice.

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