THE MEDICS LIBRARY

FREE REVISION GUIDE 001

PRIMARY SURVEY <C>ABCDE

A QUICK REVISION GUIDE FOR PREHOSPITAL EMERGENCY CARE

Assess • Prioritise • Treat • Reassess

LEARNING. DEVELOPING. SAVING LIVES.

WELCOME & WHAT IS THE PRIMARY SURVEY?

WELCOME

Welcome to the first free revision guide from **The Medics Library.**

This guide has been designed to provide a concise, easy-to-follow summary of the Primary Survey (<C>ABCDE), one of the most important assessment frameworks used in prehospital emergency care.

Whether you are preparing for a responder course, refreshing your knowledge, or revising for an assessment, using a structured approach will help you identify and manage life-threatening conditions quickly and effectively.

WHAT IS THE PRIMARY SURVEY?

The **Primary Survey** is a structured assessment process used to rapidly identify and treat immediate life-threatening problems.

By following the same sequence every time, responders reduce the risk of missing critical injuries or illneses, even when working under pressure.

The survey follows the order:

<C> → A → B → C → D → E

Treatment is provided as problems are identified. After each intervention, the patient should be reassessed before progressing.

REMEMBER

The greatest threat to life should always be managed first.

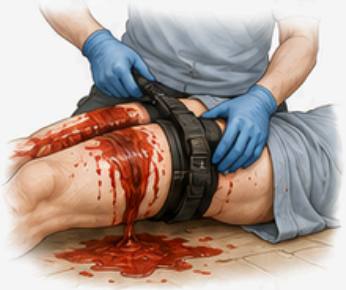
BEFORE YOU BEGIN

- ☑ Assess the scene for hazards.
- ☑ Wear appropriate PPE.
- ☑ Introduce yourself where appropriate.
- ☑ Gain consent whenever possible.
- ☑ Consider additional resources early.
- ☑ Begin a Dynamic Risk Assessment that continues throughout the incident.

<C> CATASTROPHIC HAEMORRHAGE

Catastrophic haemorrhage is severe bleeding that can rapidly become life-threatening.

Because a patient can lose a critical volume of blood within minutes, uncontrolled catastrophic bleeding is managed before airway assessment.



LOOK FOR

- Spurting or pulsatile bleeding
- Large pools of blood
- Traumatic amputations
- Partial amputations
- Blood-soaked clothing
- Multiple penetrating injuries

MANAGEMENT

- Apply direct pressure immediately.
- Use a haemostatic dressing if indicated.
- Apply a tourniquet when appropriate and trained to do so.
- Reassess bleeding control frequently.

CLINICAL TIP

Major external bleeding cannot be ignored while assessing the airway. Stopping catastrophic blood loss saves lives.

A – AIRWAY & B – BREATHING

A – AIRWAY

A clear airway is essential for oxygen to reach the lungs. If the airway becomes blocked, the patient may deteriorate rapidly.

ASSESS

- Can the patient speak?
- Are they making normal sounds?
- Can you hear snoring or gurgling?
- Is there visible obstruction?

SIGNS OF AIRWAY OBSTRUCTION

- Snoring
- Gurgling
- Stridor
- Silent airway
- Cyanosis

MANAGEMENT

- ✓ Open the airway using an appropriate manoeuvre.
- ✓ Remove visible obstructions if safe.
- ✓ Suction if equipment is available.
- ✓ Insert an airway adjunct if trained.
- ✓ Continue reassessment.

B – BREATHING

Adequate breathing allows oxygen to reach the body's tissues. Assessment should be systematic.

LOOK

Chest rise, respiratory rate, work of breathing, skin colour

LISTEN

Breath sounds, noisy breathing

FEEL

Air movement, chest expansion

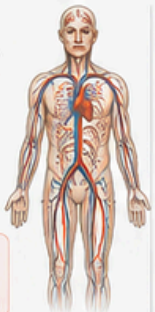
MANAGEMENT

- Administer oxygen when indicated.
- Assist ventilation if required.
- Identify life-threatening chest injuries.
- Monitor oxygen saturation if available.

C – CIRCULATION & D– DISABILITY

C – CIRCULATION

Assess the effectiveness of the circulatory system. Poor circulation can indicate shock and inadequate tissue perfusion.



ASSESS

- Pulse rate
- Pulse quality
- Skin colour
- Skin temperature
- Capillary refill
- Blood pressure (where available)

SIGNS OF SHOCK

- Pale skin
- Cool skin
- Sweating
- Weak pulse
- Delayed capillary refill
- Altered conscious level

MANAGEMENT

- Control any bleeding.
- Keep the patient warm.
- Position appropriately.
- Prepare for rapid transport.

D – DISABILITY

A rapid neurological assessment identifies changes in conscious level. Use the ACVPU scale.

ACVPU

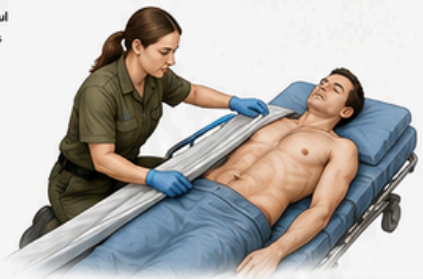
- **A** – Alert
- **C** – New Confusion
- **V** – Responds to Voice
- **P** – Responds to Pain
- **U** – Unresponsive

ALSO ASSESS

- Pupillary response
- Blood glucose (where appropriate)
- Seizure activity

E – EXPOSURE & ENVIRONMENT

A complete assessment often requires careful exposure of the patient. Only expose what is necessary while maintaining dignity and preventing heat loss.



LOOK FOR

- Hidden bleeding
- Burns
- Deformity
- Medical alert jewellery
- Rashes
- Needle marks
- Surgical scars

PROTECT THE PATIENT

- Keep warm.
- Minimise heat loss.
- Cover the patient after assessment.
- Continue reassessment.

REMEMBER

Expose only as much as necessary and maintain dignity at all times.

QUICK REVISION & TOP TIPS

QUICK REVISION CHECKLIST

- ☐ Was the scene safe?
- ☐ Was catastrophic bleeding controlled?
- ☐ Is the airway patent?
- ☐ Is breathing adequate?
- ☐ Is circulation effective?
- ☐ Has neurological status been assessed?
- ☐ Have hidden injuries been identified?
- ☐ Have I treated problems as I found them?
- ☐ Have I reassessed the patient?

COMMON MISTAKES

- Forgetting to reassess after treatment.
- Rushing straight to airway before controlling catastrophic haemorrhage.
- Missing hidden bleeding.
- Failing to keep the patient warm.
- Delaying requests for additional assistance.

TOP TIPS

- Always work in the same order.
- Treat life-threatening conditions immediately.
- Reassess after every intervention.
- Think ahead to what the patient may need next.
- Good communication and teamwork save lives.

MEMORY AID

"Treat first what kills first."

The greatest threat to life should always be managed first.

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FIRST RESPONSE FOUNDATIONS

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