

Chapter 4

Assessing the Victim

Chapter Preview

- The Initial Assessment
- The Secondary Assessment
- The Recovery Position
- Monitor the Victim

Late in the afternoon you stop by your supervisor's office to drop off a report. When you knock on the door it swings open. You look inside and see him slumped over his desk. You call his name as you approach, but he doesn't respond, so you tap him on the shoulder and ask if he's okay. He still does not respond. What do you do now?



As described in **Chapter 2**, after you recognize the emergency and check the scene for safety, you then check the victim to see what problems may need first aid. This check, called an **assessment**, has two primary steps:

1. In the **initial assessment**, check for immediate life-threatening conditions. Check for responsiveness and breathing.
2. In the **secondary assessment**, get the victim's history (find out what happened and what may have contributed to the emergency), and perform a physical examination of a responsive victim to check for any injuries or other signs of sudden illness.

Then while giving first aid for any injuries you find, and while waiting for help to arrive, continue with a third step:

3. Monitor the victim for any changes.

Always perform these steps in this order. If you find a life-threatening problem, such as the absence of breathing, the victim needs immediate help. This victim could die if you first spend time looking for broken bones or asking bystanders what happened. **Always remember to do the initial assessment first.**

THE INITIAL ASSESSMENT

In the initial assessment you check the victim for life-threatening conditions. The key conditions to look for immediately are unresponsiveness, lack of normal breathing, and severe bleeding. The entire initial assessment should take less than a minute.

Because of the risk of aggravating a spine injury, do not move the victim to perform this assessment except when absolutely necessary for two circumstances:

1. The patient faces an immediate danger if not moved, because
 - fire is present or likely to occur.
 - explosives are present or there is a danger of explosion (e.g., a natural gas leak).
 - the patient cannot be protected from other hazards at the scene.
 - you are unable to gain access to other patients who need lifesaving care.
 - you cannot make the scene safe (e.g., a structure about to collapse).

2. You cannot give lifesaving care because of the patient's location or position (e.g., a victim who needs CPR is sitting in a chair or lying on a bed).

Check for Responsiveness

As you approach, you may notice immediately whether the victim is responsive. Responsive means a person is conscious and awake. A victim who is speaking, coughing, crying, or moving is responsive. Even if the victim cannot talk because of an injury, he or she may be able to move and thereby signal responsiveness. A victim who cannot talk or move may be paralyzed but may still be able to respond through purposeful eye movements or other signs. This is why we say *responsive* rather than *conscious*: we cannot always know whether a person is conscious or unconscious, but we do know whether that person responds to us.

Just knowing the victim is responsive is not enough, however. Any victim who can talk is obviously responsive, and is able to breathe—but the victim may have severe bleeding, a life-threatening condition. A victim who moves is responsive, but if this person is not speaking, crying, or coughing, the victim may be unable to breathe because of an obstructed airway (choking) or other breathing problem. Therefore, even with a responsive victim, you must still continue to check for breathing and severe bleeding.

If the victim is not speaking, making other sounds, or moving, tap the person gently on the shoulder and ask, "Are you okay?" (**Figure 4-1**). Be careful not to move the victim in any way when assessing responsiveness. Do not shake the victim's shoulder or touch the head or neck, because the victim may have a spinal injury that any movement could worsen. If the victim still does not respond, this is a life-threatening emergency, and you must act quickly. If someone else is present, have that person call 9-1-1 while you continue to check the unresponsive victim.

Unresponsiveness may be a sign of an urgent, life-threatening problem (such as not breathing) or it may result from a less urgent problem. Since you cannot yet know, you must continue to check the victim. Regardless of its cause, and regardless of whether other life-threatening problems are present, *unresponsiveness in itself is considered an emergency*. For example, if the victim is on his or her back, the tongue may move back in the throat and block the airway, preventing breathing.

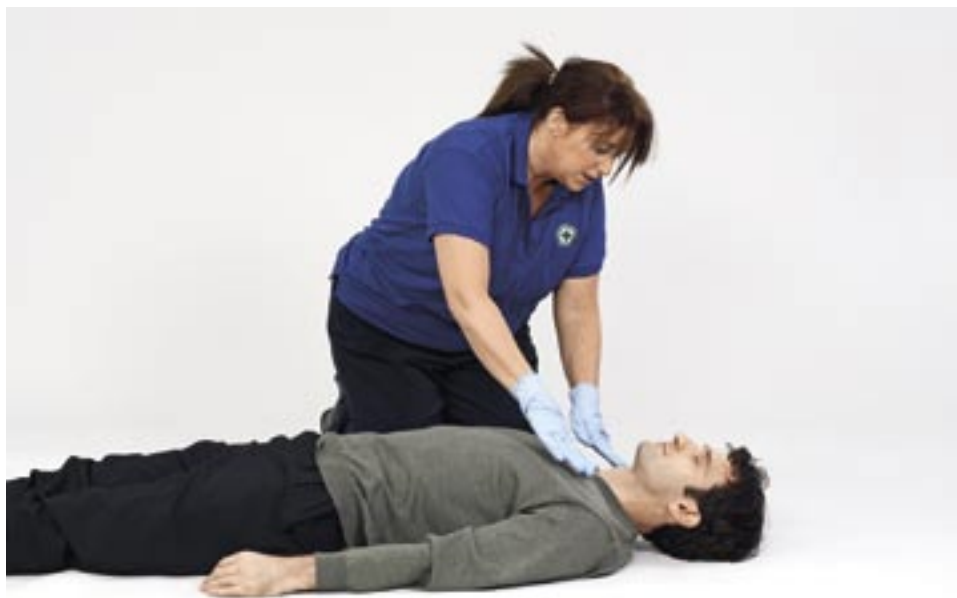


Figure 4-1 Check the victim for responsiveness by tapping the shoulder and asking, “Are you okay?”

The degree of a victim’s responsiveness is frequently assessed using the AVPU scale (**Box 4-1**). This scale is useful for noting changes in a victim’s responsiveness during the time you are providing care and for communicating this information to arriving EMS professionals.

Check for Breathing

After checking for responsiveness, check next for normal breathing. If the victim can speak or cough, then he or she is breathing. In an unresponsive victim, to check breathing, you must ensure the airway is open.

The airway is the route air moves from the mouth and nose through the throat (pharynx) and down to the lungs. The airway may be blocked by something stuck in the throat, by swollen airway tissues in a victim with a severe allergic reaction or a neck injury, or by an unresponsive victim’s own tongue.

If a responsive victim is talking, crying, or coughing, the airway is open. In some cases, described in **Chapter 5** on breathing problems, a victim with a very weak, wheezing cough may have a partially blocked airway and may not be breathing normally, which also is an emergency.

In an unresponsive victim, you may need to open the airway. If the victim is lying on his or her back, you must prevent the tongue from obstructing the airway by positioning the victim’s head to open the airway. This is done by tilting the head back and lifting the chin as shown in **Figure 4-2**. This is called the head tilt-chin lift. This position moves the tongue away from the opening into the throat to allow air to pass through the airway.

If you find an unresponsive person in a position other than lying on his or her back, do not immediately roll the victim onto his or her back to open the airway. Moving a victim unnecessarily may cause additional injury, especially if the victim may have a spinal injury. In this case, try to determine whether the victim’s airway is open by looking, listening, and feeling for breathing through the nose or mouth without moving the victim. Put your ear close to the victim’s mouth and listen and feel for breaths while watching the chest for the rise and fall of breathing. A victim who is clearly breathing obviously has an open airway, and you should not move this victim unless it is necessary for providing other care.

Box 4-1 The AVPU Scale

A = Alert. The victim is aware of the time and where he or she is.

V = Responds to Verbal stimuli. The victim is not clearly oriented to time and place but responds when spoken to.

P = Responds to Painful stimuli. The victim does not respond when spoken to but moves or responds to pain, as when pinched between the neck and shoulder.

U = Unresponsive to all stimuli. The victim's eyes are closed and there is no movement or other response to painful stimuli.



Figure 4-2 Head tilt-chin lift.

If you are unable to determine whether an unresponsive victim is breathing, you will need to move the victim into a face-up position to open the airway and check for breathing (Figure 4-3). With the help of others if possible, carefully roll the victim onto his or her back, keeping the head in line with the body as described in Chapter 13. Then open the airway.

The maneuvers just described for checking the airway are used for an unresponsive victim. A responsive victim may have a blocked airway,



Figure 4-3 Look, listen, and feel for breathing.

Skill Initial Assessment



1 Check responsiveness.



2 Open the airway with the head tilt-chin lift.



3 Check for breathing.

4 Check for severe bleeding.

too, usually caused by choking on some object lodged in the throat. This victim will be unable to speak or make other sounds and typically signals an inability to breathe by clutching at the neck. A choking victim needs immediate first aid to clear the airway, as described in [Chapter 7](#).

After positioning an unresponsive victim to open the airway, check immediately for normal breathing. Regular, unobstructed breathing is necessary to sustain life. To check, lean over with your ear close to the person's mouth and nose and *look* at the victim's chest to see if it rises and falls with breathing. *Listen* for any sounds of breathing and *feel* for breath on your cheek. If you do not detect any signs of breathing within 10 seconds, assume the person is not breathing. Lack of breathing may be caused by

an obstructed airway (choking) or other causes. If the victim is not breathing, you must immediately give rescue breaths and start CPR as described in [Chapters 5 and 6](#).

Check for Severe Bleeding

After ensuring that the victim is breathing, next check for severe bleeding. If the victim is bleeding profusely, vital organs are not receiving enough oxygen to sustain life.

Check for severe bleeding by quickly looking over the victim's body for obvious blood. Check for blood-saturated clothing or blood pooled under the body. Control any severe bleeding with direct pressure (see [Chapter 9](#)).

This step completes the initial assessment (see Skill: "Initial Assessment"). As described in the fol-

Helmet Removal

Helmets are worn by people in a variety of activities: bicycle riders, motorcycle riders, athletes playing sports such as football, and construction site workers. If an injured victim is wearing a helmet, it should be removed only if absolutely necessary to care for a life-threatening condition, because removal involves the risk of moving the

victim's head or neck and possibly worsening a spinal or head injury. Leave the helmet in place for arriving EMS professionals, unless a full-face helmet absolutely must be removed to perform CPR. With many sports helmets, the face guard can be removed so that the helmet can be left on while CPR is given.

Following chapters on basic life support, if the initial assessment reveals a life-threatening condition, you immediately begin to provide care for it. Only if it is clear that the victim is breathing and not bleeding severely do you move on to the secondary assessment to check for additional injuries or signs of a sudden illness requiring care. An unresponsive victim should be positioned on his or her side in the recovery position following the initial assessment.

THE RECOVERY POSITION

An unresponsive victim who is breathing, and who is not suspected of having a spinal injury, should be put in the **recovery position** (Figure 4-4). This position is used for several reasons:

- It helps keep the airway open so that you do not need to maintain the head tilt-chin lift position.

- It allows fluids to drain from the mouth so that the victim does not choke on blood, vomit, or other fluids.
- It prevents the victim from inhaling stomach contents if the victim vomits.

If possible, unless this could worsen the victim's injury, put the victim on his or her left side. Because of anatomical differences inside the body, the left side reduces the chances of the victim vomiting. The modified HAINES (High Arm IN Endangered Spine) position is recommended because it reduces movement of the neck in case of potential spinal injury (see Skill: "Recovery Position: Modified HAINES").

For an unresponsive, breathing infant, hold the infant face down over your arm with his or



Figure 4-4 The recovery position.

Skill

Recovery Position: Modified HAINES



- 1** Extend the victim's arm that is farther from you above the victim's head.



- 2** Position the victim's other arm across the chest.



- 3** Bend the victim's nearer leg at the knee.



- 4** Put your forearm that is nearer the victim's head under the victim's nearer shoulder with your hand under the hollow of the neck.



- 5** Carefully roll the victim away from you by pushing on the victim's flexed knee and lifting with your forearm while your hand stabilizes the head and neck. The victim's head is now supported on the raised arm.



- 6** While continuing to support the head and neck, position the victim's hand palm down with fingers under the armpit of the raised arm, with forearm flat on the surface at 90 degrees to the body.



- 7** With victim now in position, check the airway and open the mouth to allow drainage.

her head slightly lower than the body (Figure 4-5). Support the head and neck with your hand and keep the nose and mouth clear.

Once the victim is in the recovery position, continue to monitor breathing while waiting for advanced help to arrive, and observe the victim for bleeding, medical alert bracelets or insignia, and any deformities that may indicate a serious injury. Give this information to responding EMS professionals.



Figure 4-5 Infant recovery position.

THE SECONDARY ASSESSMENT

Remember that the secondary assessment is performed only for victims without life-threatening conditions. Do not interrupt care for a serious problem in order to carry out a secondary assessment. But if the victim's condition seems stable and no threats to life require your attention, then the secondary assessment can provide additional information about the injury or illness. That information may help you care for the victim and may be of value to arriving EMS professionals. The secondary assessment can usually be performed with responsive victims of injury or sudden illness who are not experiencing a breathing problem. Some aspects of the secondary assessment may be performed with unresponsive victims.

The secondary assessment has two primary parts: the history and the physical examination. In both parts, focus your attention primarily on the injured area, taking into account the cause and nature of the injury (often called the “mechanism of injury”).

Get the Victim's History

After the initial assessment, get the victim's **history** to try to find out more about what happened and the victim's condition. Talk to a responsive victim.

Learning Checkpoint 1

- You first encounter a victim lying quietly on the floor. Number the following actions in the correct order.
 - _____ a. Listen near victim's mouth for breathing sounds.
 - _____ b. Check to see if victim responds to your voice or touch.
 - _____ c. Open the airway if needed.
- Describe three ways you can detect if a victim is breathing.

- True or False: If you hear a victim coughing, you can assume he or she is breathing.

With an unresponsive victim, ask bystanders about what they know or saw. With a potentially serious injury, try to assess the forces involved. For example, a victim who fell from a height or was struck in the head by a heavy object is at greater risk of having a spinal injury, and you must be careful not to move this victim during your assessment or when giving first aid.

When taking the history of a responsive victim of sudden illness, ask fully about the victim's situation to learn possible causes. For example, in a case of poisoning the victim may not immediately associate present symptoms with something ingested an hour or more ago. Or a victim could be experiencing the effects of carbon monoxide breathed inside a building, even though you encountered the victim outside.

Use the **SAMPLE** format to ensure that you cover the victim's full history:

- S = Signs and symptoms.** What can you observe about the victim (**signs**)? Ask the victim how he or she feels (**symptoms**), and ask for a description of any pain felt.
- A = Allergies.** Ask the victim if he or she has any allergies to foods, medicines, insect stings, or other substances. Look for a medical alert ID.
- M = Medications.** Ask the victim if he or she is taking any prescribed medications or over-the-counter products, including vitamins, supplements, and herbal remedies.
- P = Previous problems.** Ask the victim if he or she has had anything like this before or if he or she has any other illnesses. Again, a medical alert ID may indicate the victim has a condition such as diabetes or epilepsy.
- L = Last food or drink.** Ask the victim what he or she last ate and when.
- E = Events.** Ask the victim what happened, and try to identify the events that led to the current situation. When did the victim first begin to experience the problem?

If the victim is unresponsive, ask family members or bystanders whether they know the answers to these questions. Also check the scene for clues to what may have happened.

The victim may have just taken a medication, for example, or you may see something like a syringe that could indicate possible drug abuse. A nearby container of a poisonous household product could indicate a possible poisoning. Consider the environment: a very cold or hot environment may produce a temperature-related emergency or contribute to sudden illness. Finally, consider the victim's age. A younger person who slips on ice and falls may have only a bruise, whereas an elderly woman who falls is more likely to have broken her hip.

The information from the **SAMPLE** history may help you to give the right first aid. When help arrives, give the information you gathered to the EMS professionals. It will help them to provide the appropriate medical care.

Physical Examination

The secondary assessment of an injured or ill victim who is responsive also includes a **physical examination**. With this examination you may find other injuries that need first aid or additional clues to the victim's condition. Remember that you do not stop giving first aid for a serious condition just to do or complete this examination. Instead, keep the victim still and calm and wait for EMS professionals.

Remember that an unresponsive victim should be kept in the recovery position until EMS professionals arrive. Continue to monitor the victim's breathing, and observe the victim for bleeding and other signs of serious injury.

Allow a responsive victim to remain in the position he or she finds most comfortable while conducting the physical examination. The victim does not need to be moved to lie on his or her back as shown in the illustrations.

Ask a responsive victim for consent to do a physical examination, like any other first aid, and describe what you are about to do before touching the victim. Keep away from any body area the victim tells you is very painful. Watch for a victim's facial expression or stiffening of a body part, which may reveal pain or tenderness the victim does not tell you about.

Focus on the area the victim knows is injured. You do not need to touch every body area, for example, if the victim has only an injured arm and the nature of the injury does not suggest other body areas may be injured.

The physical examination of a responsive adult includes examining the victim from head to toe looking for anything out of the ordinary (**Box 4-2**). You begin at the head because injuries here are more likely to be serious than injuries in the extremities or lower in the body. As a general rule, look for the following signs and symptoms of injury or illness throughout the body, comparing one side of the body to the other:

- Pain when an area moves or is touched
- Bleeding or other wounds
- An area that is swollen or deformed from its usual appearance
- Skin color (flushed, pale, or ashen), temperature (hot or cold), moisture (dry, sweating, clammy)
- Abnormal sensation or inability to move the area

While performing the examination, watch for changes in the victim's condition. For example,

the victim may at first be fully responsive and alert, but as you continue to check different body areas, the victim may become disoriented or dizzy, suggested changing mental status. The victim's breathing may change or stop. Call 9-1-1 if the victim's condition becomes more serious and the call was not made earlier.

You may have to remove some of the victim's clothing to examine an injured body area. Remove clothing or shoes only when necessary, such as to apply pressure on a wound to control bleeding, because moving the body part could cause additional injury. Protect the victim's privacy and prevent exposure to the cold. Follow these guidelines for removing clothing:

- Carefully roll or fold up a sleeve to expose an arm.
- To remove a jacket or shirt when an arm is injured, remove the uninjured arm from its sleeve first and then carefully work the jacket or shirt around the body and down off the injured arm while supporting it.
- Gently pull up a pants leg to expose the calf or knee. With scissors, carefully cut along the seam to expose the thigh.

Box 4-2 Signs and Symptoms of Injury and Illness

The victim may tell you about:

- Pain, tenderness
- Dizziness, feeling faint
- Nausea
- Tingling or abnormal sensation, no sensation
- Thirst
- Hot, cold

You may see:

- Painful expression, guarding against movement
- Bleeding, wound, bruise, swelling
- Abnormal skin color
- Deformity, inability to move part
- Unusual chest movement
- Vomit, incontinence

You may feel:

- Damp skin
- Hot or cold skin
- Swelling
- Deformity

You may hear:

- Noisy breathing
- Groaning, sounds of pain
- Stress in victim's voice
- Sucking chest wound

You may smell:

- Odor of a drug used
- Odor of poisonous or hazardous substance
- Fruity smelling breath (diabetic emergency)

- Support the victim's ankle when removing a shoe. Leave long boots on.
- If you cannot easily slide off a tight sock, lift it gently with your fingers and cut it open with scissors.

Check the Head and Neck

Do not move the head or neck during the examination. Gently feel the skull for bleeding, bumps, or depressions. Check the ears and nose for blood or a clear fluid. Check the pupils of both eyes, which should be of equal size and should respond to light when you cover and uncover the eyes with your hand. Check the victim's breathing for ease of breathing and regularity, and note any unusual breath odor. Check the mouth for burned areas. Check the neck for a medical alert necklace, deformity or swelling, bleeding, and pain. Observe the skin of the head and neck for color, temperature, and moisture.

Check the Torso

Check the chest and sides, feeling for deformity, wounds, or tender areas. Look for blood in any area. Ask the victim to take a deep breath and feel and look for easy, symmetrical expansion of the chest with breathing or for signs of pain on breathing. Gently feel along the collarbones and shoulders for deformity, swelling, or pain.

If you suspect a problem in the abdominal or pelvic areas, gently check the abdomen for rigidity, pain, or bleeding, and gently feel both sides of the hips and pelvis to check for pain or deformity.

Check the Extremities

Check the arms for bleeding, deformity, and pain. Ask the victim to bend his or her elbows, wrists, and fingers. Look for a medical alert bracelet. Touch the fingers and ask if the sensation feels normal to the victim. Check the skin color and temperature of the hand to detect impaired circulation. Ask the victim to shrug the shoulders.

Check the legs for bleeding, deformity, and pain. Unless you suspect a back, abdomen, or pelvic injury, ask the victim to point and wiggle the

toes. Check the skin temperature and color of the feet. Touch the feet and ask if the sensation feels normal to the victim.

If you find anything unusual in the extremities, compare that extremity with the opposite side and note differences (see Skill: "Physical Examination").

Examining a Child or Infant

The assessment of a child or infant is similar to that of an adult, taking into account physical differences and the child's different language skills and emotional state. Use simple questions to gather the history, such as, "Where does it hurt?" Talk with the child's parents or guardians, if possible, and involve them in the physical examination (**Figure 4-6**). Allow a parent or guardian holding an infant or young child to continue to hold the victim during the examination. With a young child it is often better to perform the physical examination from toe to head rather than from the head first, to allow the child to get used to you in a more nonthreatening manner. Since a child is more likely to become upset or anxious, talk to him or her calmly and soothingly before starting the examination, and look for signs of anything unusual before touching the child. A child who is upset often reacts with physical changes that may mask or confuse the signs of injury.

MONITOR THE VICTIM

Give first aid for injuries or illness you discover in your assessment, as described in the following chapters. With very minor conditions the victim may need no more than your first aid. In other situations the victim may need to see a healthcare provider or go to the emergency department. With all life-threatening or serious conditions, you should have called 9-1-1 and will now be awaiting the arrival of help.

While waiting, monitor the victim to make sure his or her condition does not worsen. With an unresponsive victim or a victim with a serious injury, repeat your assessment of breathing at least every five minutes.

*Skill***Physical Examination**

If you find any problems in any body area, do not let the victim move. Wait for help.



1 Being careful not to move the victim's head or neck, check the head.



2 Check neck area for medical alert necklace, deformity or swelling, and pain. Do not move the neck.



3 Check skin appearance, temperature, moisture.



4 Check chest. Ask victim to breathe deeply.



5 Check abdomen.



6 Check pelvis and hips.



7 Check upper extremities. Look for medical alert bracelet.



8 Check lower extremities.



Figure 4-6 Involve the child's parent or guardian in the history and physical examination.

Learning Checkpoint 2

1. When is the secondary assessment performed?
 - a. Immediately before giving CPR when needed
 - b. In all victims, right after the initial assessment
 - c. After checking for responsiveness
 - d. After determining that there are no life-threatening conditions
2. Write what each letter in the SAMPLE history stands for
 - S** = _____ **P** = _____
 - A** = _____ **L** = _____
 - M** = _____ **E** = _____
3. Describe what signs and symptoms of injury you are looking for as you examine each part of a victim's body.

Concluding Thoughts

You can see why a victim of injury or sudden illness is assessed in two stages: if the initial assessment reveals a life-threatening problem, then you must provide basic life support immediately without going on to the history and physical examination. **Chapter 5** is the first of four chapters describing basic life support for life-threatening problems. Remember: a breathing problem is an *immediate* threat to life, requiring action within seconds because body tissues will begin to die within minutes.

Learning Outcomes

You should now be able to do the following:

1. Explain how to check the victim's responsiveness.
2. Demonstrate how to open the airway and check for breathing.
3. Demonstrate how to move a victim into the recovery position and explain when this is done.
4. Explain the importance of each element in the SAMPLE history.
5. Demonstrate how to perform a physical examination of a responsive victim without a life-threatening problem.

Review Questions

1. The initial assessment checks the victim for
 - a. bone fractures.
 - b. severe bleeding.
 - c. severe allergies.
 - d. spinal injuries.
2. Assess a victim for responsiveness by
 - a. tapping the shoulder and asking if he or she is okay.

- b. pinching the cheek between thumb and forefinger.
 - c. checking for pupil reactions to light.
 - d. checking skin for normal color and temperature.
3. If a victim can talk to you, you can be sure he or she
 - a. does not have a life-threatening condition.
 - b. does not have a spinal injury.
 - c. is breathing.
 - d. All of the above
 4. To open the airway of an unresponsive victim
 - a. tilt the head back and lift the chin.
 - b. pry open the mouth with both hands.
 - c. tilt the head back while prying open the mouth.
 - d. do not tilt the head back but hold the chin down.
 5. How long should you check an unresponsive victim for breathing before concluding he or she is not breathing?
 - a. About two seconds
 - b. No more than 10 seconds
 - c. About 20 to 30 seconds
 - d. About one minute
 6. Advantages of the recovery position include which of the following?
 - a. It lowers the victim's blood pressure.
 - b. It allows fluids to drain from the mouth.
 - c. It helps reduce shock.
 - d. It helps ensure that the brain receives sufficient oxygen.
 7. When gathering a SAMPLE history from a suddenly ill victim, which should you ask about?
 - a. Allergies and medications taken
 - b. Age and weight
 - c. Recent meals and favorite foods
 - d. Most recent annual physical exam

8. During the physical examination, what are you looking for?
- a. Bleeding or wounds
 - b. A swollen area
 - c. Pain upon being touched
 - d. All of the above

References and Resources

American Heart Association. Available from: www.americanheart.org.

American Heart Association. 2005 International consensus on cardiopulmonary resuscitation (CPR) and emergency cardiovascular care (ECC) science with treatment recommendations. *Circulation*, 112(22). November 29, 2005.

National Safety Council. www.nsc.org