The first assessment & trauma-team priorities

Identify threats, assign actions and reassess.

RESUSCITATION / ADULT TRAUMA

Use a structured survey with treatment in parallel. Revisit the assessment whenever the patient changes.

01 Set up the team

Identify the team leader and allocate airway, circulation, examination and documentation roles. Receive the mechanism, injury time, suspected injuries, trends and treatment already given. State the immediate priorities aloud.

02 Treat immediate threats

Control catastrophic external bleeding. Assess airway with spinal precautions, breathing, circulation, neurological status and exposure. Call for the skills and equipment needed for urgent interventions while continuing the assessment.

03 Complete the survey

Once immediate threats are addressed, examine systematically, including hidden wounds. Review imaging, analgesia, temperature, limb perfusion and possible pelvic injury. Reconcile the findings with the mechanism and clinical course.

04 Close the loop

Before leaving the bedside, confirm completed actions, outstanding results and the next destination. Name the responsible clinician. Record unresolved injuries, observation requirements and what should trigger urgent escalation.

WATCH POINT A checklist supports clinical judgement. If deterioration occurs, return immediately to life-threatening causes.

DISCUSS WITH THE TEAM

Which unresolved threat could be lost during the next transfer?

READ THE SOURCES

[1] WHO Trauma Care Checklist (2016), primary/secondary survey and handover checks.