SFSAR INITIAL ASSESSMENT GUIDELINES 7-18 mm

- Assess the scene.
- Team leader designates one or two team members to approach subject initially, including Subject Advocate who remains with subject unless relieved.
- Request permission to treat; build rapport.
- Perform initial patient assessment by evaluating and addressing immediately life-threatening conditions:
  - Massive hemorrhage
  - Airway/cervical spine
  - Respiration
  - Circulation
  - Hypothermia/hyperthermia/helicopter
- Assess AVPU and VS as appropriate only.
- When possible, assistant will document in brief S/O/A/P format with timeline.
- Team member with highest level of medical training communicates subject's condition to IB, and recommends method and urgency of evacuation after consultation with team. This takes place discretely away from subject while another team member attends subject. Briefly communicate only critical information.
- Perform a focused assessment and secondary assessment only if indicted. For example, an alert, coherent individual who injured his ankle without other trauma may not need a full assessment.
- If a subject needs to be undressed or have more than an extremity examined, another team member, preferably of the same sex as the subject, should be present.
- Administer first aid for non-life threatening injuries without delaying evacuation for non-essential treatment.
- Communicate with subject and include subject in treatment and evacuation decisions whenever possible.
- Reassess subject condition frequently during evacuation.