

PATIENT ASSESSMENT CHECKLIST

(To be completed by the attending school nurse or designee)

NAME OF VICITM: _____

DATE: _____ TIME: _____

SIGNATURE & TITLE OF RESPONDER: _____

Primary Survey	Yes	No
A irway / Cervical Spine Stabilization		
Open airway (jaw thrust / chin lift)		
Remove debris		
Airway adjuncts		
Stabilize cervical spine (manual alignment)		
B reathing		
Look, listen, feel		
Rate, symmetry		
Auscultate breath sounds		
C irculation		
Palpate carotid		
Palpate radial (second responder)		
Jugular vein distention		
Skin temperature and color		
D isability / Limited Neuro Exam		
Level of consciousness		
AVPU		
Alert		
Verbal response		
Pain response		
Unresponsive		
E xpose / Examine		
Expose / undress patient as needed		
F ahrenheit / Keep Patient Warm		
V ital Signs		

Secondary Assessment (Head to Toe)	YES	NO
Head and Face		
Soft tissue injury		
Bone deformity / loose teeth		
Exposed bone or tissue		
Eye movement / pupillary response / PERRLAEOM		
Ear drainage / avulsion / bruise		
Nasal drainage		
Tenderness / pain		
Neck		
Soft tissue injury		
Impaled objects		
Tenderness / pain		
Tracheal deviation		
Jugular vein distention		
Chest / Thorax		
Soft tissue injury		
Rise and fall during respirations/ symmetry		
Auscultate breath sounds		
Auscultate apical heart rate		
Tenderness / pain		
Impaled objects		
Abdomen / Flank		
Soft tissue injury		
Impaled objects		
Tenderness / pain		
Pelvis / Genitalia		
Soft tissue injury		
Impaled objects		
Bony deformities		
Urge to void		
Tenderness / pain		
Extremities		
Soft tissue injury		
Deformity		
Color		
Sensation		
Range of motion		
Tenderness / pain		
Pulse		
Posterior		
Log roll with manual cervical spine alignment		
Deformities		
Soft tissue injury		
Tenderness / pain		
Vital Signs		