

Secondary Assessment

Patient Name _____

Conduct periodic secondary assessments of patients

- Wear medical gloves...keep talking to the patient
- Systematically from Head to toe, checking for blood, pain, deformities, bruising, swelling, etc.

- Respiration – Too fast or too slow?
- Perfusion – Over / Under 2 seconds?
- Mental Status – Answers questions appropriately? Y / N

- Eyes – Pupils equal and reactive to light? _____

- Skin color – Appropriate?

- Feel back of head with hands _____
- Check ears, nose, face _____
- Feel neck with hands _____
- Feel collarbone with fingertips _____
- Feel chest with heels of hands - Press in from both sides at once _____
- Feel abdomen – Gently press down _____
- Feel pelvis with heels of hands, pressing down on both hip bones at once _____
- Feel arms with fingers - Press in opposing directions _____
- Check elbows, wrists, hands _____
- Feel legs with fingers - Press in opposing directions _____

- Check knees, elbows, feet _____
- Other notes _____

Date _____ Time _____

By _____

