

3. Past History: Obtain an “AMPLE” history (*see Table 7-4*).

Table 7-4 : AMPLE History

A Allergies
M Medications
P Past Medical History
L Last Oral Intake
E Events Preceding the Incident

4. Physical Exam: “head to toe” survey
a. For trauma patients employ the techniques of the BTLS secondary survey (*see Table 7-5*).

Table 7-5 : BTLS Secondary Survey (Head to Toe Exam)

Head - Look for contusions, lacerations, raccoon eyes, Battle’s sign, drainage of blood or fluid from the ears or nose. Assess pupils for symmetry. Reassess the airway again.
Neck - Look for lacerations, contusions, tenderness, distended neck veins, or deviated trachea.
Chest - Reassess breath sounds bilaterally, checking for symmetry.
Abdomen - Look for signs of blunt or penetrating trauma. Feel for tenderness and rigidity.
Pelvis - Palpate for tenderness or instability. Provide inward and downward compression to evaluate, don’t rock the pelvis.
Extremities - Look and palpate for signs of trauma, check distal pulses, sensory and motor function.
Repeat and record for any splint applications.

- b. For all other patients, perform a detailed head-to-toe physical exam (*see Table 7-6*).

Table 7-6 : CHAMPION Physical Exam

C Cardiac (Heart Sounds, Pulses)
H HEENT
A Abdomen
M Mental Status
P Pulmonary (Breath Sounds, Work of Breathing)
I Integumentary (Skin)
O Other Tests (Vital Signs, Diagnostics)
N Neuro (Strength, Sensation)

- c. Neurological Survey
1) Assess the level of consciousness using the Glasgow Coma Scale (*see Table 7-7*).