

# Arizona Peace Officer Standards and Training

## Basic Curriculum Lesson Plan

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**LESSON TITLE: FIRST AID - FOCUSED HISTORY & SECONDARY SURVEY 8.1**

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SUBJECT:	First Aid (Focused History/Secondary Survey)
AZ POST DESIGNATION:	8.1.21
HOURS:	3.0
COURSE CONTENT:	A hands-on approach is used to teach students to evaluate patients' injuries and medical conditions. Students will locate problems and fix them. They will learn: Methods to gather information for proper treatment and be taught the necessary information to provide to responding EMS units.
PERFORMANCE OBJECTIVES:	Upon completion of this course of instruction, students using notes, handouts and other support materials as references, within the allotted time, will:  8.1.21 Identify the steps to be taken in a focused history (secondary survey), to include:  A. Head-to-toe examination for injuries.  B. Checking for medic alert tags and/or Do Not Resuscitate orders (DNR's).  C. Mechanism of injury.  D. Air vs. ground transport.

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**LESSON TITLE: FIRST AID  
FOCUSED HISTORY & SECONDARY SURVEY**

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DATE FIRST PREPARED: January 1998

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REVIEWED – <b>REVISED</b> :	David Kleinman	DATE: December 1998
<b>REVIEWED</b> – REVISED:	SME Committee	DATE: October 2003
REVIEWED – <b>REVISED</b> :	Officer Tim Taylor, SME Chairman	DATE: February 2004
REVIEWED – <b>REVISED</b> :	AZ POST Hours Corrected	DATE: June 2006
REVIEWED – <b>REVISED</b> :	AZPOST (DocX)	DATE: March 2022
REVIEWED – REVISED:		DATE:
AZ POST – APPROVAL:	Richard Watling	DATE: June 2006
AZ POST – APPROVAL:	Lori Wait	DATE: March 2022

INSTRUCTOR REFERENCES:

CLASS LEVEL: Student

TRAINING AIDS:

INSTRUCTIONAL STRATEGY: Interactive lecture and class discussion.

SUCCESS CRITERIA: 70% or higher on a written, multiple-choice examination.

COMPUTER FILE NAME: Focused History Secondary Survey

DATE RELEASED TO THE SHARE FILE: May 27, 2022

**I. INTRODUCTION**

- A. Instructor – (self) introduction.
- B. Preview of performance objectives.

**II. DEFINITION**

- A. The focused history and physical exam are defined simply as the more thorough assessment that comes after the initial assessment for life-threatening problems.
- B. The focused history and physical exam are similar to the “secondary survey” used and taught in the past.
- C. For our purposes, the use of “focused history” or “focused history and physical exam” will be the same.
- D. The focused history and physical exam includes two (2) sub-categories:
  - 1. Focused history and physical exam: Trauma patient.
  - 2. Focused history and physical exam: Medical patient.

**III. FOCUSED HISTORY AND PHYSICAL EXAM: TRAUMA PATIENT**

- A. There are two (2) categories to be concerned with:
  - 1. **No significant mechanism of injury:** This allows for a more thorough assessment at the scene. **P. O. 8.1.21C**
  - 2. **Significant mechanism of injury:** Assessment at the scene is rapid so that transport can be made. **P. O. 8.1.21C**
- B. No significant mechanism of injury. Steps involved:
  - 1. Reconsider the mechanism of injury even though it was considered previously. **P. O. 8.1.21C**
  - 2. If after reconsideration it remains as no significant mechanism of injury, then perform a focused physical exam based upon the chief complaint and mechanism of injury.
  - 3. Assess the baseline vitals – to the extent that equipment/time is available.
  - 4. Obtain a SAMPLE history – to the extent that equipment/time is available.
- C. Doing the focused physical exam – stress the need for officers to use their senses of sight and touch to do this (have latex gloves on).

1. Locations on the body to be checked visually and by touch include: The area of chief complaint and the area possibly influenced by the mechanism of injury.
  - a. EXAMPLE 1: You arrive at a city park where teens are playing a game of basketball. One (1) of the teens twisted his ankle when rebounding a ball and it is swollen.
  - b. The area to be visually inspected and palpated is the leg area above and below the ankle.
  - c. EXAMPLE 2: You arrive at a home where an elderly woman has fallen from a step ladder. She was only on the first step, but is complaining of a headache and pain in the hip area.
  - d. The area to be visually inspected and palpated is the hip and surrounding area along with the head and neck with a C-spine being held due to the possibility of a spinal injury.
  
2. The manner of doing this exam involves looking and feeling for: **DCAPBLS/TIC/PMS.**  
**P. O. 8.1.21A**
  - a. **Deformities.**
  - b. **Contusions.**
  - c. **Abrasions.**
  - d. **Punctures/penetrations.**
  - e. **Bruises.**
  - f. **Lacerations.**
  - g. **Swelling.**
  - h. **Tenderness.**
  - i. **Instability.**
  - j. **Crepitus. (Broken bones rubbing together)**
  - k. **Pulses: Motory and Sensory. (Demonstrate a physical exam)**
  
3. Medical ID devices: While doing this exam, look for medical bracelets, necklaces and wallet cords that may identify a medical condition. If located, make sure that you inform EMS of them.  
**P. O. 8.1.21B**

- D. Assess baseline vitals: To be looked at:
1. Respiration.
  2. Pulse.
  3. Skin color, temperature and condition.
  4. Pupils.
- E. Obtain a **SAMPLE** history, if time allows. This is a fact-finding time to get more information for EMS, similar to interviewing a witness at a crime scene.
1. **Signs/symptoms:** What is wrong?
  2. **Allergies:** Are you allergic to anything?
  3. **Medications:** What are you taking? ( over the counter and prescriptions)
  4. **Pertinent past history:** Do you have any medical problems? Have you been feeling ill?
  5. **Last oral intake:** When and what did you eat and/ or drink.
  6. **Events leading to injury or illness.**
- F. Significant mechanism of injury. This is different from the earlier physical exam. Steps involved:
1. Reconsider the mechanism of injury even though it was considered previously.
  2. Continue spine stabilization.
  3. Consider requesting advanced life support personnel, use if available.
  4. Reconsider your transport decision. Is air transport better?
  5. Reassess the mental status – should be done every five (5) minutes or sooner.  
AVPU **(P. O. 8.1.62C)**
  6. Perform rapid trauma assessment.
  7. Assess baseline vitals.
  8. Obtain a **SAMPLE** history.
- G. Performing the rapid trauma assessment:

1. Stress the need for officers to use their senses of sight and touch to do this.
2. Have latex gloves on.
3. Is similar to a search.
4. Do it systematically and be thorough.
5. Expose body parts as needed.
6. You can do your best exam if you can see the entire body.
7. Whether the person is unresponsive or responsive makes no real difference.
8. Because of the significant mechanism of injury, the assessment must be more comprehensive and yet speedy – THE NEED TO TRANSPORT IS A MUST.
9. C-SPINE MUST BE MAINTAINED.
10. As before, we are concerned with DCAPBLS/TIC/ PMS. We do this in a systematic head-to-feet fashion.

**P. O. 8.1.21A**

  - a. Head: With your eyes and by touching, check the head area for DCAPBLS/TIC and the sound or feel of broken bones rubbing against (crepitus) each other. (Demonstrate)
    - i. Check your gloves after palpating any area that you cannot see.
  - b. Neck: Assess for, DCAPBLS/TIC, the sound or feel of broken bones rubbing against each other and bulging or flat neck veins. Feel the area of the cervical spine.
  - c. Stabilization: Maintain C-spine.
  - d. Chest: Remove clothing and assess for DCAPBLS/TIC/PMS, the sound or feel of broken bones, breath sounds and movements of parts of the chest in a direction that is different from the rest of the chest.
  - e. Abdomen: Assess for DCAPBLS/TIC/PMS. Also check for firmness, softness and distention.
  - f. Pelvis: Assess for DCAPBLS/TIC/PMS. Compress it gently to determine tenderness.
  - g. Extremities: Assess for DCAPBLS/TIC/ PMS, pulse, sensation and motor function. (Show where the radial and dorsal pulses are located.)

- h. Posterior and immobilization: With C-spine being maintained and the use of a partner, check the posterior for DCAPBLS/TIC/PMS.

**11. This has been done in a speedy fashion.**

- a. **If anything life threatening was discovered, this would have been taken care of.**
- b. **REMEMBER – “FIND A PROBLEM, FIX A PROBLEM.”**

- 12. Medical ID devices:** While doing this exam, look for medical bracelets, necklaces and wallet cords that may identify a medical condition. If located, make sure that you inform EMS of them.

**P. O. 8.1.21B**

H. Assess baseline vitals: To be looked at:

- 1. Respiration.
- 2. Pulse.
- 3. Skin color, temperature and condition.
- 4. Pupils.

I. Obtain a SAMPLE history if anyone is present to give you information or if the subject is able to.

**IV. FOCUSED HISTORY AND PHYSICAL EXAM: MEDICAL PATIENT**

- A. The purpose is to provide adequate assessment and emergency care at the scene without unnecessarily delaying transportation to the hospital.

B. Two (2) categories to be concerned with:

- 1. **Responsive patient.**
- 2. **Unresponsive patient.**

- C. Focused history – responsive patient. Basically, we are on a “fact-finding mission” and need to interview the “suspect and all witnesses.” Steps involved:

- 1. Obtain a history of the present illness from the patient. Memory aid is: **OPQRST.**
- 2. Obtain a SAMPLE history from the patient.
- 3. Perform a focused physical exam.

4. Assess baseline vitals.
- D. Obtaining a history of the present illness from the patient. Memory aid is: **OPQRST**.
1. **Onset:** What were you doing when the illness started?
  2. **Provokes:** What may have triggered this illness?
  3. **Quality:** Describe the pain for me.
  4. **Radiation:** Where is the pain? Does it spread?
  5. **Severity:** How bad is the pain?
  6. **Time:** When did the pain start? Has it changed?
- E. Obtain a **SAMPLE** history from the patient.
1. **Signs/symptoms:** What is wrong?
  2. **Allergies:** Are you allergic to anything?
  3. **Medications:** What are you taking?
  4. **Pertinent past history:** Do you have any medical problems? Have you been feeling ill? What are you taking the medications for?
  5. **Last oral intake:** When and what did you eat and/ or drink.
  6. **Events leading to injury or illness.**
- F. Perform a focused physical exam. Use the same principles as for the trauma patient with no significant mechanism of injury.
1. Locations on the body to be checked visually and by touch include: the area of chief complaint.
    - a. **EXAMPLE 1:** You arrive at a home where an elderly male subject is seated in his living room and complaining of a “burning pain” in his stomach.
  2. The area to be visually inspected and palpated is the abdominal area.
  3. **Medical ID devices:** While doing this exam, look for medical bracelets, necklaces and wallet cords that may identify a medical condition. If located, make sure that you inform EMS of them.

**P. O. 8.1.21B**

- G. Assess baseline vitals. To be looked at:
1. Respiration.
  2. Pulse.
  3. Skin color, temperature and condition.
  4. Pupils.
    - a. **EXAMPLE:** With the previous example, the pupils would not need to be assessed as they really have no bearing upon the pain in the abdominal area.
- H. Focused history – unresponsive patient. Basically, we are on a “fact-finding mission” and need to interview the “witnesses.”
1. Perform a rapid physical exam.
  2. Assess baseline vitals.
  3. Obtain a history of the present illness from the witness(es).
  4. Obtain a SAMPLE history from the witness(es).
- I. Perform a rapid physical exam and using DCAPBLS/TIC/ PMS, assess:
1. Head.
  2. Neck.
  3. Chest.
  4. Abdomen.
  5. Pelvis.
  6. Extremities.
  7. Posterior body.
- J. Locations on the body to be checked visually and by touch include: Head-to-foot assessment with DCAPBLS/TIC/ PMS. **P. O. 8.1.21B**
1. **EXAMPLE 1:** You arrive at a home where an elderly male subject is lying in bed and unresponsive.

2. The area to be visually inspected and palpated is head-to-foot systematic rapid assessment.

K. Assess baseline vitals. To be looked at:

1. Respiration.

2. Pulse.

3. Skin color, temperature and condition.

4. Pupils.

L. Obtain a history of the present illness from the witness(es). Memory aid is: OPQRST.

M. Obtain a SAMPLE history from the witness(es).

**V. PRACTICAL EXERCISES:**

A. Divide the class into groups of three (3).

B. Have the students work as a team with one (1) person in charge.

C. Have them make all the necessary communications and ask for all resources.

D. Use 3 x 5 cards to indicate injuries.

E. Have 3 x 5 cards with the patient's ailments and the patient's responses to questions pre-written so that students can act as patients.

F. Have the students use first-aid equipment to treat patients to the exclusion of removing clothing.

G. Make the scenarios simple with the ability to accomplish in a short amount of time.

**VI. TELEMETRY**

A. **Communication to responding units of the scene and patient assessment.**

B. Helps to mentally prepare responding EMS units.

C. **Clear, concise communications. These are the basics and should be given over police frequencies.**

1. Scene assessment.

2. Scene hazards.
3. Number of patients.
4. What help you will need.
5. Fire.
6. Hazmat.
7. Helicopter.

**P. O. 8.1.21D**

D. Additional information you would give if on a medical frequency:

1. Your ID# and department.
2. Your location.
3. The type of scene you are at.
4. Individual patient assessment.
  - a. ABC's.
  - b. Mental status.
  - c. Mechanism of injury.
  - d. Location and severity of injuries.
  - e. What actions you have taken.

## **VII. CONCLUSION**

- A. Review of performance objectives.
- B. Final questions and answers.
- C. Instructor closing comment(s).