NREMT Trauma Assessment Skill: Step by Step

The EMT trauma assessment in order: scene, primary survey, transport decision, head-to-toe exam, vitals and reassessment

Medic Basics
medicbasics.com · checked Oct 2026

NREMT TRAUMA ASSESSMENT: THE ORDER

The NREMT trauma assessment station tests whether you can find and fix life threats on an injured patient in the right order, then examine the whole body without delaying transport. Learn it as seven steps and say each finding aloud.

1. Protect yourself and size up the scene.
2. Primary survey: massive bleeding, airway, breathing, circulation, disability, exposure.
3. Transport decision: is this a critical patient?
4. History: SAMPLE, from the patient or bystanders.
5. Secondary assessment: head to toe, front and back.
6. Baseline vital signs.
7. Reassess and report.

SCENE SIZE-UP

- Protective equipment on before contact; say what you are wearing.
- Hazards: traffic, fire, fuel, violence, unstable vehicle. Make it safe or wait.
- Mechanism of injury: what hit what, how fast, how far the fall.
- Count patients and call for more help early (more units, ALS, fire, air).
- If the mechanism suggests spine injury, have a partner hold the head before you start.

PRIMARY SURVEY: FIND IT, FIX IT

Massive bleeding first (MARCH or xABCDE); then the classic ABC order.

CHECK	LOOK FOR	FIX NOW
Massive bleeding	Spurting or pooling blood on a quick sweep	Direct pressure, tourniquet, packing
Airway	Can the patient talk? Blood, vomit, teeth, snoring	Jaw thrust, suction, adjunct
Breathing	Rate, depth, equal chest rise, breath sounds	Oxygen; BVM if inadequate; seal open chest wound
Circulation	Radial pulse, skin color, temperature, moisture	Treat for shock; keep warm
Disability	AVPU or GCS, pupils, moves all four limbs	Note a baseline to trend
Exposure	Cut clothing to find injuries	Cover again; prevent heat loss

SAFETY Do not move on to the head-to-toe exam with an open airway problem, inadequate breathing, uncontrolled bleeding or signs of shock untreated. That is the classic critical fail.

TRANSPORT DECISION

Decide out loud right after the primary survey. Call it a critical, load-and-go patient for any airway or breathing problem, uncontrolled bleeding, signs of shock (in adults, systolic under 90 or pulse over 120), a GCS of 8 or less, or a dangerous mechanism. The secondary exam then happens en route, never at the cost of scene time.

SECONDARY ASSESSMENT: HEAD TO TOE

REGION	WHAT TO CHECK
Head and face	Scalp, skull, ears and nose for blood or fluid, pupils, mouth
Neck	Trachea midline, neck veins, spine tenderness
Chest	Bruising, instability, crepitus, equal breath sounds
Abdomen	Tenderness, rigidity, distension
Pelvis	Gentle check for instability or pain; do not rock it
Extremities	Deformity, pulse, movement and sensation in each limb
Back	Log roll with spinal precautions; look and feel

Use DCAP-BTLS or your program's word for what you look and feel for at every region. Then take a full set of vitals: pulse, blood pressure, respirations, SpO2 and mental status.

REASSESS AND REPORT

- Repeat the primary survey and vitals; critical patients often, stable patients at least twice.
- Check every intervention: tourniquet still tight, oxygen flowing, splint pulses present.
- Handoff: age, mechanism, injuries found, vitals with times, treatment and response.

Sources (2) are listed with links at medicbasics.com/sheets/nremt-skill-trauma-assessment.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. Medic Basics is an independent study aid not affiliated with any certifying body.