

Activity 3.2.1

Survey and Assess

DATE	PORTAL DAY	LESSON	TURN IN
Tuesday 2026-12-02	Emergency-response simulation	Lesson 3.2 Emergency Response	Lab report

Where this sits. Day 2 of 2. Secondary assessment in the helicopter, plus the hands-on skill stations if your teacher runs them today.

01 Why today matters

The patient is loaded and flying, and now you have time for the head-to-toe exam and real instrument readings instead of a fifteen-second look.

Today the separate findings stop being a list and start being a pattern, and the pattern is what you are going to have to defend in writing.

02 What you already know

- You cleared the scene, ran the primary assessment, and ranked your concerns.
- You have her heart rate, her breathing sound and rate, her skin signs, and the fact that she is wearing a medical alert bracelet.
- From Unit 2 you can read a blood pressure display and place a reading in a category.

WHAT THIS SHEET WILL NOT TELL YOU

- This sheet does not name what is happening to this patient. Four separate observations point at it, and putting them together is the work.
- It does not tell you which injury to treat first.
- If you find yourself wanting a name before you have listed all four observations, that is the moment to slow down.

03 Vocabulary

TERM	WHAT IT MEANS, PLAINLY
secondary assessment	The slower, complete check done after immediate threats to life are handled: head-to-toe exam, full vitals, patient history, and appropriate care.
rapid physical assessment	The head-to-toe part. Head, neck, chest, abdomen, and all four limbs, in order, every time, so nothing is skipped.
vital signs	Pulse, blood pressure, respiration rate, and temperature. Measured with instruments rather than estimated.
patient history	What happened before today: conditions, medications, allergies, recent events. Taken from family or bystanders if the patient cannot speak.

pupillary response	The automatic change in pupil size when light hits the eye. Fast, equal, and in both eyes is normal.
constriction	The pupil getting smaller.
dilation	The pupil getting larger.
consensual pupillary reflex	Both pupils responding when light is shone into only one eye. If it is missing, something is wrong in the nervous system.
hypotensive	Blood pressure below the normal range.
hypertensive	Blood pressure above the normal range.
humerus	The long bone of the upper arm, between shoulder and elbow.
open fracture	A break where the bone has come through the skin. Serious partly because of the break and partly because the wound is now open to infection.
intubation	Placing a tube through the mouth into the windpipe so air can be delivered directly to the lungs.
endotracheal tube	The tube used in intubation.
swelling	Fluid collecting in tissue. Where it is matters as much as that it is there. Around a wound is expected. Around the face and airway is not.

Every term on this list is flagged for the illustrated glossary, scoped to this activity only. Terms are not shared forward or backward between activities, because a definition from a later activity can hand you an answer you were supposed to derive.

04 How to do the work

- 1 Recreate the body diagram in your notebook and open the Physical Examination interactive graphic. Work head to toe and record every finding on the diagram where it actually is. Do not summarise; mark the location.
- 2 For each finding, write two columns: what you observed, and how fast it could hurt her. Not how bad it looks. How fast.
- 3 Rank the observed injuries by which needs treating first, and write the reason for the ranking. Use the ABC order to defend it.
- 4 Watch the Pupillary Response video and answer three things: did the pupils constrict in light, did they dilate again when the light was removed, and did you see a consensual response in the other eye? Replay it; the consensual response is hard to see because the light is bright.
- 5 Read the blood pressure display in Figure 5 and record the numbers. Place the reading in a category: hypotensive, normal, prehypertensive, hypertensive, or hypertensive crisis.
- 6 Now assemble. Write down, on one line each, four things you have observed across both days: what you found on her right hand, what the bracelet says, what her breathing sounds like, and what her blood pressure and heart rate are doing together.
- 7 Look at those four lines as one picture and answer in writing: what single event would explain all four at once? Research it, name it, and say which of the four observations you would be unable to explain if you were wrong.
- 8 Write your most pressing concerns now, at the end of the secondary assessment, and say how they changed from your ranking at the end of the primary assessment. If nothing changed, say why the new information did not change it.
- 9 If your teacher runs the bleeding-control station today, work the Steps to Control Bleeding flowchart with a partner first, on paper, before you touch a model. Know the sequence before your hands are busy.
- 10 If your teacher runs the medication-dose station today, read the units on the chart before you read the numbers. See the correction in the box below. Write down the assumption you made and the source you used for it, because the

assumption is the graded part.

05 Safety

READ EVERY LINE BEFORE YOU START

- Content warning, and there is a real alternative. The bleeding-control station uses simulated blood and a wound model that includes a bone through skin. The medication station links to a video of a needle being placed in a real person's arm. If either is a problem for you, tell Mr. Mendoza privately before the period, in person or by message or on a slip of paper. You do not have to give a reason. There is an equivalent task that earns the same credit.
- A tourniquet is never tightened on a classmate. Not a little, not for a second, not as a joke, not to see. A tourniquet works by cutting off blood flow to a limb, and doing that to a healthy arm can injure nerves and muscle within minutes. You practise on the training limb, a rolled towel, or a manikin. Only those.
- Gloves for the simulated blood, the same as you would for the real thing. It is practice for the habit as much as for the mess, and simulated blood stains clothing.
- Direct pressure is the first answer for bleeding, not the tourniquet. A tourniquet is for a life-threatening bleed from a limb that direct pressure has not stopped. It is never placed on a joint, and the time it goes on is written down.
- Nothing at these stations is medical training and none of it certifies you to do anything. If you want the real certification, that is a separate course and Mr. Mendoza will point you at it.

06 Where students get stuck

- A units correction you need before you touch the dose chart. Its left-hand column is body mass in KILOGRAMS, not age in years. The only hint you are given about the patient is that she appears to be an adult woman in her mid-30s, which is an age, and the bands on the chart run from about 7.5 up past 30, which reads like an age range and is not one. An adult of any size is above the top band. Estimate a mass, write the estimate down, say what you based it on, and state plainly that you are estimating. In a real call you would weigh the patient or use a length-based tape. Guessing silently is the error; estimating out loud is the method.
- Reading vitals one at a time. A heart rate on its own is a number. A fast heart rate together with a low blood pressure and pale, cool, moist skin is a pattern, and the pattern means something the three numbers separately do not.
- Treating the open fracture as automatically first. It is the most alarming thing on the diagram. Work the ABCs and see whether something quieter outranks it.
- Ignoring where the swelling is. Swelling at a wound is expected. Swelling around the face is a different kind of information entirely, and it belongs on the same line as the breathing sound.
- Forgetting the bracelet again. It has been sitting in your notes since Friday. Go back and read what it says.
- Skipping the consensual reflex because it is hard to see. Replay the video. 'I could not see it' and 'it did not happen' are different findings and only one of them is honest.

07 What you turn in

LAB REPORT

Lab report, one per student, due at the end of the period. Sections: (1) Findings, your labelled body diagram plus a table of every observation from both days with where and when. (2) Vitals, the numbers with units, each placed in a category, with your respiratory-rate arithmetic shown. (3) Interpretation, the four assembled observations, the single event you say explains all four, and the specific observation that would break your explanation if it were absent. (4) Priorities, your treatment order defended with the ABCs, and how it changed from Friday. If you did the stations, add a short paragraph on what you did and what assumption you wrote down.

08 Check yourself

- ☐ What is the difference between a primary and a secondary assessment, in one sentence each? (Vocabulary)
- ☐ Why does a fast heart rate mean more when you also know the blood pressure and skin signs? (Where students get stuck)
- ☐ The dose chart's left column is labelled in kilograms and the patient hint gives an age. What do you have to do before you can use the chart, and what has to be written down? (Where students get stuck, first bullet)