Major Trauma Tertiary Survey

History (Salient Points Only)

Addressograph

Name:

DOB:

CHI:

Pre-Hospital notes present & read? ☐

Known Injures:		Interventions to date: (Surgery/Interventional Radiology)	
1		1	
2		2	
3		3	
4		4	
5		5	

Laboratory results (complete and repeat if required

Bloods ☐ CK ☐ Amylase ☐ Troponin ☐

Blood Cultures ☐ Toxicology ☐

Group and Save ☐ Electronic Release ☐ Valid Until:

Other (List Below) ☐

Specialities Involved / Required

Speciality	Referred	Seen by	Consultant	Notes on Talk

Head:

Scalp ☐ Left Ear ☐ Right Ear ☐

GCS: E: _____ V: _____ M: _____

Addressograph

Name: .....

DOB: .....

CHI: .....

Face:

Left eye ☐ Left pupil ☐ Right eye ☐ Right pupil ☐ Contact lens removed ☐

Cranial nerves ☐ Lips ☐ Teeth - Loose ☐ Cracked ☐ Missing ☐ Nose (CSF blood) ☐

Secondary brain injury prevention measures in place: ☐

Neck / Spine:

N.B. remove collar with in-line immobilisation. Do not move neck without senior presence. See also perineum/limb sections for when log-rolling patient.

Miami J/Aspen Collar in situ ☐ Date:..... Correct fit ☐ Pressure Points ☐

Gross Injuries ☐ Tracheal Deviation ☐ Pressure checks frequency prescribed ☐

All spinal cord injuries should have an ASIA Chart

	C-spine	T-spine	L-spine
Midline tenderness			
Deformity			
Radiologically cleared			
Clinically cleared			

Chest:

Chest Wall Movement ☐ Gross Injuries ☐ Surgical Emphysema ☐

Drains

Left ☐ Swinging ☐ Surgical Emphysema ☐

Right ☐ Swinging ☐ Surgical Emphysema ☐

Breath sounds ☐ Heart sounds ☐ Sternum ☐

Abdomen:

Gross injuries ☐ Cullens sign ☐ Distension ☐

Guarding ☐ Rigidity ☐

Bowel sounds ☐ NG in situ ☐ Pregnant (MUST D/W Obstetrics) ☐

Pelvis:

Binder in situ ☐ When fitted: Date..... Pressure Points ☐ Gross Injuries ☐

Perineum:

Genetalia ☐ Speculum required? ☐ Tone ☐ Prostate ☐

Binder in situ ☐ Bleeding / malaena ☐ Urethral bleeding ☐

Limbs	Left Upper	Right Upper	Right Lower
Reflexes			
Capillary refill			
Pulses			
Tone			
Power			
Sensation			

Other:

ECG ☐ Echo ☐ B-HCG ☐ Anti-D ☐ Urine dip ☐ Tetanus up to date ☐ Tetanus required ☐

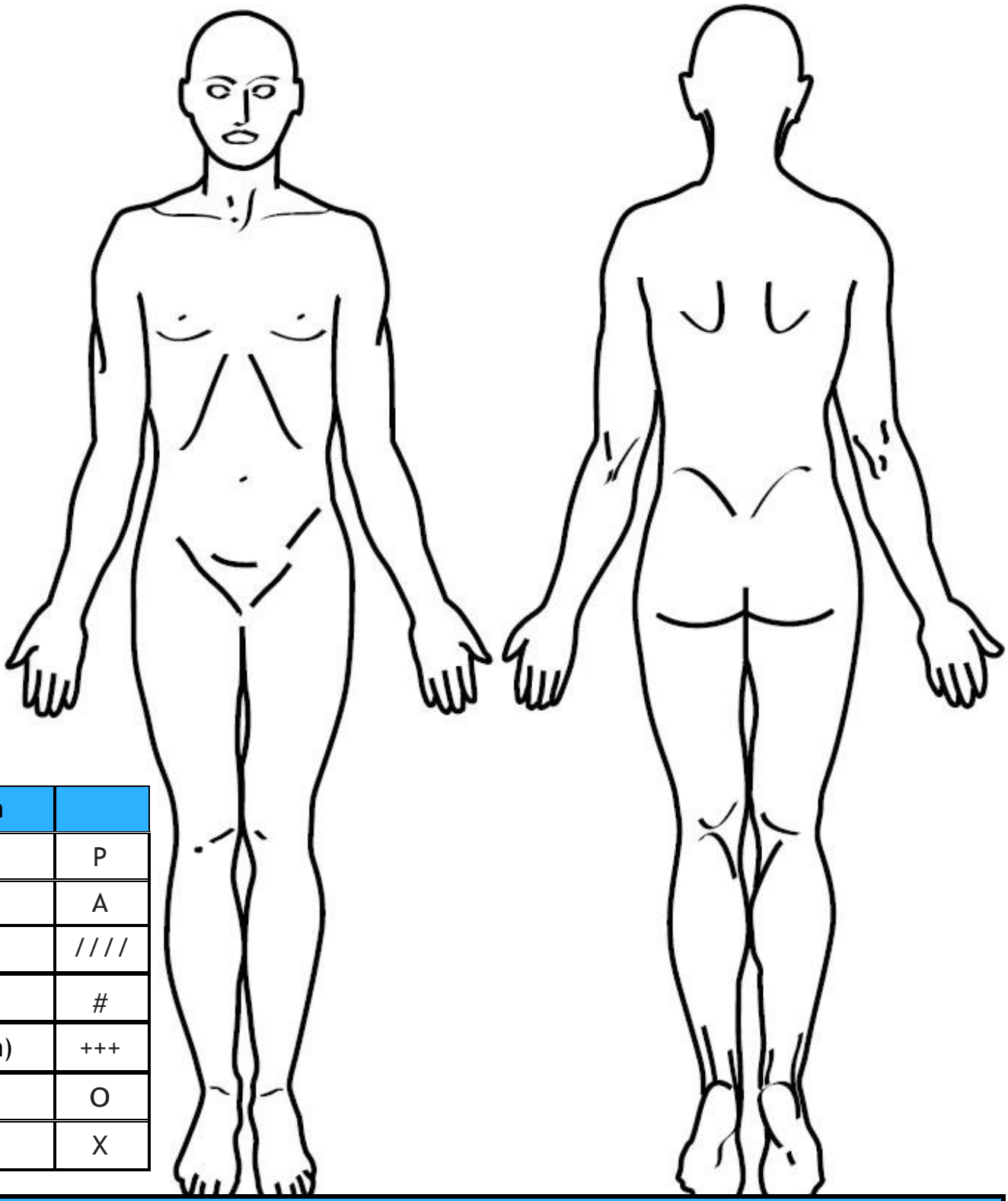
Please document all visible injuries and palpate every bone *(especially scaphoid, hands/feet)*

Addressograph

Name: .....

DOB: .....

CHI: .....



Coding system	
Pain	P
Abrasion	A
Bruising	////
Fracture	#
Laceration (cm)	+++
Incision	O
GSW	X

Movement restrictions		
What is restriction	Decision made by whom	For review when

Radiology results (complete if required)

Type of Scan	Reviewed (please tick)	Reported (please tick)

Addressograph

Name: .....

DOB: .....

CHI: .....

VTE Prophylaxis:

Has VTE prophylaziz been prescribed? Yes ☐ No ☐

If not then document the reason why: .....

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Date and Time to review: .....

Findings / Concerns or injuries detected during TTS:

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Outstanding investigations / Plans / Wound management / Follow up

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When is a further TTS required? Not required? When GCS 15 prior to D/C

Signature: ..... (Junior) Date: ..... Time: .....

Signature: ..... (Consultant) Date: ..... Time: .....

Please complete \traumatertiary [SPACEBAR] on TRAK