TRAUMA TERTIARY SURVEY

To be completed within 24 hours of admission to floor or upon discharge from ICU. This survey may replace the daily note.

Substance Abuse Screening  
☐ C.A.G.E.  ☐ BAL_______  ☐ UTOX_______  
☐ Patient / Family / Medical Chart report of previous use

☐ Negative – No Further Intervention Needed

☐ Positive -  ☐ Social Work Substance Abuse Consult Ordered  ☐ Feedback/Risk and Education

☐ Written Material  ☐ Community Resources  ☐ Other ________________________________

Subjective: _____________________________________________________________

___________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

Labs:

Ca                    Mg                    PO4

PT-                    INR-                    PTT-

STudies: ________________________________________________________________

Consults: ________________________________

VS: Tcurrent:________ Tmax:________  HR:________  RR:________  BP:________  Sats:________  IS________

YES  NO  COMMENTS

GENERAL
Alert
☑ ☐
Oriented
☑ ☐
GCS 15
☑ ☐

HEENT
Pain/Tenderness
☑ ☐
Lacerations/Abrasions
☑ ☐
Swelling/Ecchymosis
☑ ☐
Numbness/Tingling
☑ ☐
Malocclusion
☑ ☐
Normal visual acuity
☑ ☐
Contact lenses / Glasses
☑ ☐
Dentures
☑ ☐
Normal hearing
☑ ☐

NECK
Cleared C-Spine
☑ ☐
Pain/Tenderness
☑ ☐

CHEST
Symmetrical
☑ ☐
Pain/Tenderness
☑ ☐
Lacerations/Abrasions
☑ ☐
Swelling/Ecchymosis
☑ ☐
Air/Bony Crepitus
☑ ☐
Heart sounds RRR
☑ ☐
Breath sounds CTA
☑ ☐
**TRAUMA TERTIARY SURVEY**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>ABDOMEN</strong></td>
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<tr>
<td></td>
<td></td>
<td>Lacerations/Abrasions</td>
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<td></td>
<td></td>
<td>Swelling/Ecchymosis</td>
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<td></td>
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<td>Bowel sounds present</td>
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<td></td>
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<td>Pain/Tenderness</td>
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<td></td>
<td></td>
<td>Soft to palpation</td>
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<td>Non-distended</td>
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<td>Rigidity/Guarding</td>
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<td>Pelvis stable</td>
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<td><strong>BACK</strong></td>
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<td></td>
<td>Lacerations/Abrasions</td>
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<td>Pain/Tenderness</td>
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<td>Step-offs</td>
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<td><strong>EXTREMITIES (UPPER)</strong></td>
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<td>Deformity</td>
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<td>Pulses</td>
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<td><strong>EXTREMITIES (LOWER)</strong></td>
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<td>Pulses</td>
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**ASSESSMENT:**

___________________________________________________________________________

_______________________________________________________________________________________________

**PLAN:**

_________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Signature / Title: ___________________________ Pager: _________ Date: _________ Time: _________

**Summary/Action Plan:** I have seen and evaluated the patient in conjunction with the trauma team. I agree with the findings, interpretation of data and management plan as stated above. Any revisions to these findings and/or plan are noted below.

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Attending Signature: __________________ Date: _________ Time: _________