Hartford Hospital
A Hartford HealthCare Partner

738

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

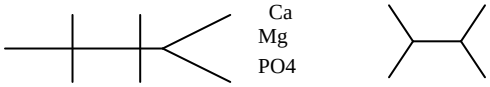
❑ Negative – No Further Intervention Needed

❑ 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	❑	❑	

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	YES	NO	COMMENTS
ABDOMEN			
Lacerations/Abrasions	❑	❑	
Swelling/Ecchymosis	❑	❑	
Bowel sounds present	❑	❑	
Pain/Tenderness	❑	❑	
Soft to palpation	❑	❑	
Non-distended	❑	❑	
Rigidity/Guarding	❑	❑	
Pelvis stable	❑	❑	
BACK			
Lacerations/Abrasions	❑	❑	
Swelling/Ecchymosis	❑	❑	
Pain/Tenderness	❑	❑	
Step-offs	❑	❑	
EXTREMITIES (UPPER)			
Deformity	❑	❑	
Lacerations/Abrasions	❑	❑	
Swelling/Ecchymosis	❑	❑	
Pain/Tenderness	❑	❑	
Pulses	❑	❑	
FROM	❑	❑	
EXTREMITIES (LOWER)			
Deformity	❑	❑	
Lacerations/Abrasions	❑	❑	
Swelling/Ecchymosis	❑	❑	
Pain/Tenderness	❑	❑	
Pulses	❑	❑	
FROM	❑	❑	

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:**