

# Trauma tertiary survey



University Hospitals Sussex  
NHS Foundation Trust

**Mandatory for all patients admitted following trauma call**  
Aim to complete within 24-72hrs post injury

Patient demographics  
(or affix patient label here)  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_  
NHS: \_\_\_\_\_

Date/time of admission: \_\_\_\_\_  
Date/time of tertiary survey: \_\_\_\_\_  
Patient location at time of tertiary survey: \_\_\_\_\_  
  
Transferred from another hospital? Yes  No   
Referring hospital: \_\_\_\_\_ N/A

Clinician completing tertiary survey  
(name/grade/specialty): \_\_\_\_\_  
  
Primary team: \_\_\_\_\_

## History

**Mechanism of injury:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Summary of clinical narrative so far (including pre-hospital care, blood products received etc):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Investigations review

All radiology this admission reviewed? Yes  No

All reports checked for addenda / consultant verification? Yes  No

Has appropriate follow up been arranged for incidental findings?  
Yes  No  N/A

Has the **entire spine** been radiologically cleared? Yes  No  N/A

	Result	Date
Hb		
Creat		
Urea		
CK		
Troponin		

	Result	Date
Amylase		
ALT		
ALP		
Bilirubin		
β-hCG		

**Summary of all significant radiological findings:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Areas imaged (in entirety)**

Head Yes  No

Facial bones Yes  No

Neck Yes  No

Chest Yes  No

Abdomen Yes  No

Pelvis Yes  No

Shoulder R  L  None

Humerus R  L  None

Radius/Ulna R  L  None

Wrist R  L  None

Hand/fingers R  L  None

Hip R  L  None

Femur R  L  None

Knee R  L  None

Tib/fib R  L  None

Ankle R  L  None

Foot R  L  None

**Further imaging still required:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Examination

GCS E + V + M = \_\_\_\_\_

Patient demographics  
(or affix patient label here)  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_  
NHS: \_\_\_\_\_

## Head, face and CNS

R pupil size \_\_\_\_\_ mm R pupil reactive? Yes  No  Sluggish

L pupil size \_\_\_\_\_ mm L pupil reactive? Yes  No  Sluggish

Head/Face	Yes	No
Abrasion		
Bruising		
Swelling		
Laceration		
Tenderness		
Mastoid bruising		
Orbit injury		
Midface/maxilla instability		
Abnormal sensation (CN V)		

Eyes	Yes	No
Conjunctival injury		
Laceration		
Foreign body		
Visual acuity impaired (CN II)		
Visual field deficit (CN II)		
Pupillary abnormality		
Fundoscopy abnormality		
Eye movements abnormality (CN III, IV, VI)		

Nose	Yes	No
Deformity		
Laceration		
Epistaxis		
Septal haematoma		
CSF leak		

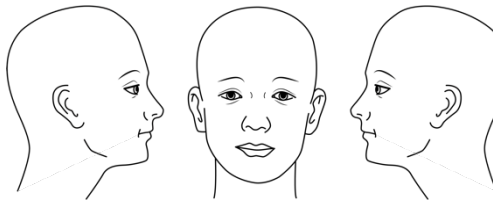
Mouth	Yes	No
Laceration		
Tongue injury		
Tongue deviation (CN XII)		
Teeth injury		
Oropharynx injury		

Ears	Yes	No
Laceration		
Bleeding		
CSF leak		
Haemotympanum		
TM intact		
Abnormal hearing (CN VIII)		

Cranial nerves completion	Yes	No
Facial movements impaired (CN VII)		
Gag reflex impaired (CN IX)		
Soft palate movement impaired (CN X)		
Shoulder shrugging impaired (CN XI)		

**Head, face and CNS examination notes:** \_\_\_\_\_

*Document injuries on map below*



**Injuries:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comprehensive examination not possible?

*If not, patient will require quaternary survey*

## Spine, neck and back

Whole spine	Yes	No
Radiologically cleared		
Abrasion		
Bruising/swelling		
Laceration		
Tenderness		
Restricted motion		

Neck	Yes	No
Abrasion		
Bruising/swelling		
Laceration		
Tenderness		
Larynx injury		
Tracheal deviation		
Surgical emphysema		
Raised JVP		

Back	Yes	No
Abrasion		
Bruising/swelling		
Laceration		
Tenderness		

**Spine, neck and back examination notes:** \_\_\_\_\_

**Injuries:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spinal precautions required:**

Collar required: Yes  No  N/A

Log roll required: Yes  No  N/A

Other: \_\_\_\_\_

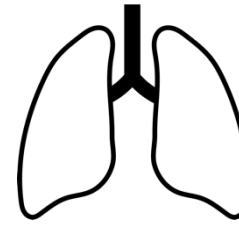
Collar pressure points checked?

Yes  No  N/A

## Thorax

Chest wall	Yes	No
Abrasion		
Bruising/swelling		
Laceration		
Tenderness		
Deformity		
Flail segment		
Surgical emphysema		

**Chest auscultation**



Heart sounds I + II + \_\_\_\_\_

**Chest drains**

Document sites of insertion

Swinging Yes  No  N/A

Bubbling Yes  No  N/A

Fluid drained \_\_\_\_\_ mls

Fluid type \_\_\_\_\_

No chest drains present

Patient demographics  
(or affix patient label here)  
Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
MRN: \_\_\_\_\_  
NHS: \_\_\_\_\_

<b>Thorax examination notes:</b>  	<b>Injuries:</b> <hr/> <hr/> <hr/> <hr/> <hr/>
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### Abdomen, pelvis and perineum

<b>Abdominal wall</b>	<b>Yes</b>	<b>No</b>	<b>Pelvis</b>	<b>Yes</b>	<b>No</b>
Abrasion			Abrasion		
Bruising / swelling			Bruising / swelling		
Laceration			Laceration		
Tenderness			Tenderness		
<b>Abdominal palpation</b>	<b>Yes</b>	<b>No</b>	<b>Genitalia / perineum</b>	<b>Yes</b>	<b>No</b>
Distension			Abrasion		
Tenderness			Bruising / swelling		
Guarding			Laceration		
Rebound tenderness			Tenderness		
Palpable mass			Haematuria		
Bowel sounds			PR exam indicated		
			PV exam indicated		

<b>Abdominal drains</b> Document sites of insertion  Fluid drained _____ mls Fluid type _____  <div style="border: 1px solid black; padding: 5px; text-align: center;">           No abdominal drains present <input type="checkbox"/> </div>
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<b>Abdomen, pelvis and perineum examination notes:</b>  	<b>Injuries:</b> <hr/> <hr/> <hr/> <hr/> <hr/>
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### Upper and lower limb

<b>Right arm / hand</b>	<b>Yes</b>	<b>No</b>	<b>Left arm / hand</b>	<b>Yes</b>	<b>No</b>	<b>ROM normal for patient</b>	<b>Yes</b>	<b>No</b>
Abrasion			Abrasion			Fingers / thumb		
Bruising / swelling			Bruising / swelling			Wrist		
Laceration			Laceration			Elbow		
Deformity			Deformity			Shoulder		
Tenderness			Tenderness			Hip		
Restricted motion			Restricted motion			Knee		
<b>Right leg / foot</b>	<b>Yes</b>	<b>No</b>	<b>Left leg / foot</b>	<b>Yes</b>	<b>No</b>	Ankle		
Abrasion			Abrasion			Toes		
Bruising / swelling			Bruising / swelling					
Laceration			Laceration					
Deformity			Deformity					
Tenderness			Tenderness					
Restricted motion			Restricted motion					

Comprehensive examination not possible?   
*If not, patient will require quaternary survey*

	Right arm	Left arm	Right leg	Left leg
Tone	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Power	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Coordination	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Reflexes	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Sensation	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Pulses	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>
Capillary refill	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>

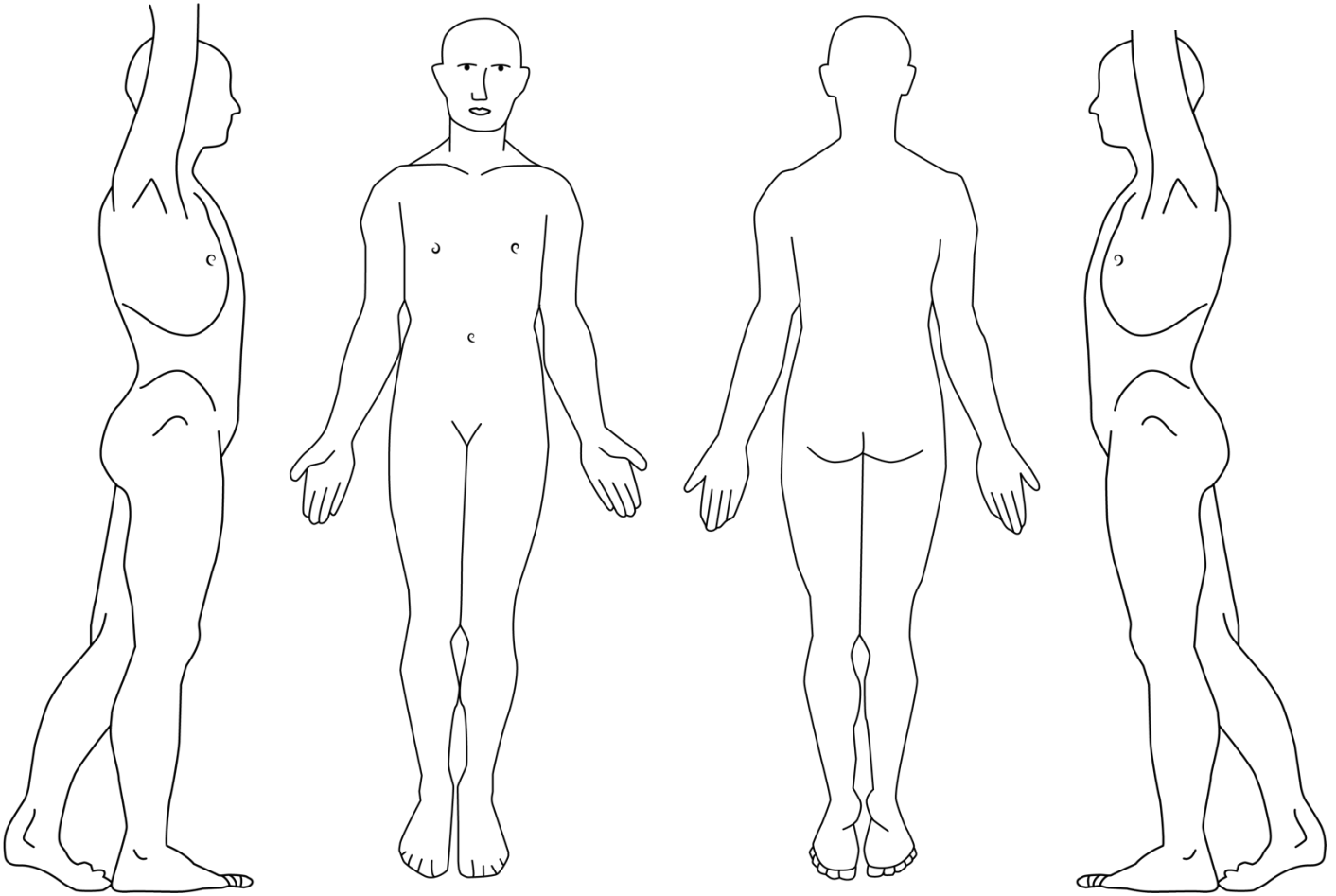
<b>Upper and lower limb examination notes:</b> <i>Use MRC scale for any abnormal power</i>  	<b>Injuries:</b> <hr/> <hr/> <hr/> <hr/> <hr/>
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# Summary of injuries

Document all external injuries, drains, surgical wounds etc on the body map below

Patient demographics  
(or affix patient label here)

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MRN: \_\_\_\_\_  
 NHS: \_\_\_\_\_



Injury	Responsible team	Interventions so far	Outstanding tasks / plan <i>(inc. referral / OP follow up)</i>

<p><b>New injuries identified since Secondary Survey:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Plan</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**Does the patient need a quaternary survey?** Yes  No  Recommended date of quaternary survey \_\_\_\_\_  
*Patients admitted to Critical Care should have quaternary survey conducted on discharge to ward*  
*Any examinations above that were unable to be completed should be assessed as part of a quaternary survey ASAP*

Signed \_\_\_\_\_ Date/Time \_\_\_\_\_ GMC / other registration number \_\_\_\_\_