



**TERTIARY SURVEY**

Date of Tertiary Survey: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mechanism of Injury: \_\_\_\_\_

Additional history obtained since primary survey (inc PMHx, Meds, Social Hx etc) and/or any special concerns:

Tetanus?   OK   Needs ADT                      Serum Beta hcg?   +   -   Not Indicated   Not Done

**DVT Risk & Prophylaxis**

Risk Assessment	High	Medium	Low
<b>Mechanical Prophylaxis</b>	TEDS		Foot Pumps
? contraindication			
<b>Chemoprophylaxis</b>	Heparin Dose:	Enoxaparin Dose:	
? contraindication			

Spinal Clearance – Yes / No

If no, what action needs to be taken? \_\_\_\_\_

**Radiology**

(yes or no)

Film	Findings	Final?	New Issues?
CT Head			
C-spine			
CT Chest/ abdo/pelvis			
Extremities			

Return to Trauma Services, Level 7 Support Building

Head/Face:		Spines (including log roll):		
Chest:				
Abdomen:				
Pelvis (including bony pelvis, perineum, urethra, urinalysis, +/- PR):				
Musculoskeletal (including abrasions, contusions, other soft tissue injuries):				
<b>Neurologic:</b>	Right Upper	Left Upper	Right Lower	Left Lower
Westmeads? Y / N ____ ABI? Y / N Concussion Clinic? Y / N	SENSATION: PULSES: POWER: TONE:	SENSATION: PULSES: POWER: TONE:	SENSATION: PULSES: POWER: TONE:	SENSATION: PULSES: POWER: TONE:

Specialty/ Consultant	Issue(s)	Management	Further input required?

Summary/Issues to be Addressed:

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Designation: \_\_\_\_\_