

SECONDARY SURVEY

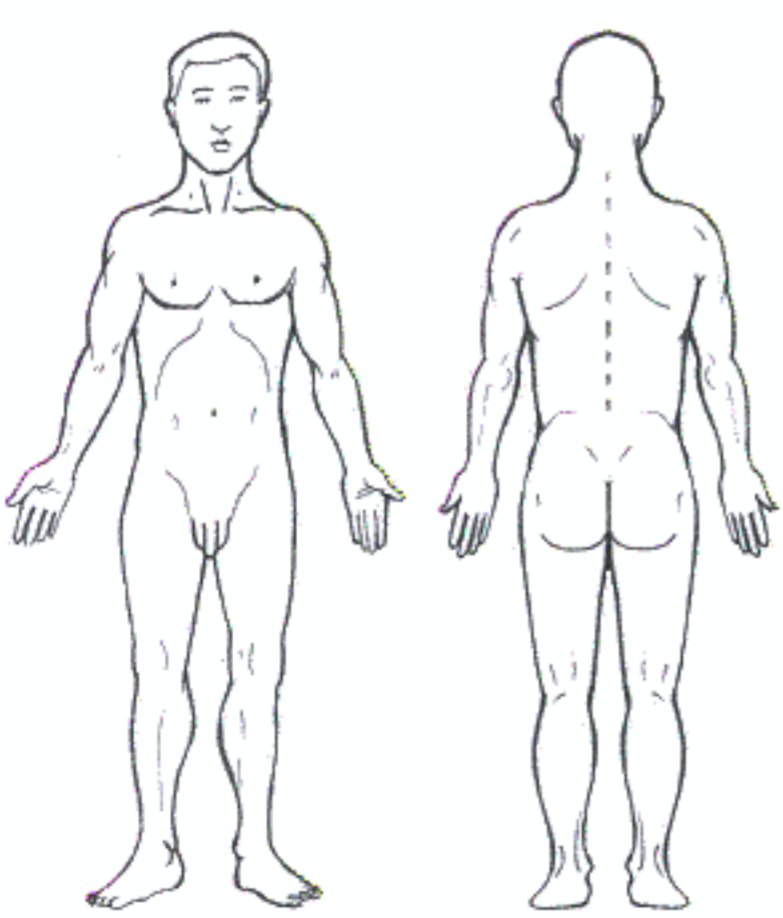
<p>Head</p> <p>No Yes</p> <p>Scalp <input type="radio"/> <input type="radio"/> Laceration</p> <p>Scull <input type="radio"/> <input type="radio"/> Vault Fracture</p> <p><input type="radio"/> <input type="radio"/> Basal Fracture Suspected</p> <p>Face</p> <p><input type="radio"/> <input type="radio"/> Laceration</p> <p><input type="radio"/> <input type="radio"/> Fracture</p> <p><input type="radio"/> <input type="radio"/> Midface/maxilla instability</p> <p>Eyes</p> <p><input type="radio"/> <input type="radio"/> Orbit, globe or eyelid injury</p> <p><input type="radio"/> <input type="radio"/> Decreased Visual Acuity</p> <p>Ears</p> <p><input type="radio"/> <input type="radio"/> Haemotympanum Side: _____</p> <p><input type="radio"/> <input type="radio"/> CSF leak Side: _____</p> <p>Nose</p> <p><input type="radio"/> <input type="radio"/> Bleeding</p> <p>Mouth</p> <p><input type="radio"/> <input type="radio"/> Tooth #</p>	<p><i>Description</i></p>	<p>Investigations</p> <p>Blood</p> <p>Hb _____ g/l</p> <p>Glucose _____ mmol/l</p> <p>Cr _____ mmol/l</p> <p>EtOH taken? <input type="radio"/></p> <p>_____ mmol/l</p> <p>x-match _____ units</p> <p>Preg. test _____</p> <p>X-ray</p> <p>C-spine</p>
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<p>Neck</p> <p>No Yes</p> <p><input type="radio"/> <input type="radio"/> C-spine injury suspected</p> <p><input type="radio"/> <input type="radio"/> Soft tissue injury (larynx, etc)</p> <p><input type="radio"/> <input type="radio"/> Laceration through platysma</p>	<p><i>Description</i></p>	<p>CXR</p>
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<p>Chest</p> <p>No Yes</p> <p><input type="radio"/> <input type="radio"/> Chest wall injury Side: _____</p> <p><input type="radio"/> # ribs</p> <p><input type="radio"/> Flail segment</p> <p><input type="radio"/> Open pneumothorax</p> <p><input type="radio"/> <input type="radio"/> Surgical emphysema</p> <p><input type="radio"/> <input type="radio"/> Pneumothorax</p> <p><input type="radio"/> <input type="radio"/> Haemothorax</p> <p><input type="radio"/> <input type="radio"/> Pulmonary contusion</p>	<p><i>Description</i></p>	<p>Pelvis</p> <p>Ultrasound (FAST)</p> <p>DPL</p> <p>CT</p> <p>Head</p>
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<p>Abdomen</p> <p>No Yes</p> <p><input type="radio"/> <input type="radio"/> Skin contusion/abrasion</p> <p><input type="radio"/> <input type="radio"/> Distension</p> <p><input type="radio"/> <input type="radio"/> Tenderness</p> <p><input type="radio"/> <input type="radio"/> Guarding</p> <p>PR</p> <p><input type="radio"/> <input type="radio"/> Lax anal tone</p> <p><input type="radio"/> <input type="radio"/> Blood</p> <p><input type="radio"/> <input type="radio"/> High prostate</p> <p>PV</p> <p><input type="radio"/> <input type="radio"/> Injury</p> <p>Perineum</p> <p><input type="radio"/> <input type="radio"/> Blood at urethral meatus</p> <p><input type="radio"/> <input type="radio"/> Haematuria</p>	<p><i>Description</i></p>	<p>Abdomen</p> <p>Chest</p> <p>Angiography</p> <p>Aorta</p> <p>Peripheral</p>
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<p>Orthopaedic Injury</p> <p>No Yes</p> <p><input type="radio"/> <input type="radio"/> Spinal</p> <p><input type="radio"/> <input type="radio"/> Shoulder girdle</p> <p><input type="radio"/> <input type="radio"/> Upper limb</p> <p><input type="radio"/> <input type="radio"/> Wrist or hand</p> <p><input type="radio"/> <input type="radio"/> Pelvis</p> <p><input type="radio"/> <input type="radio"/> Lower limb</p> <p><input type="radio"/> <input type="radio"/> Ankle or foot</p>	<p>Description (include neuro-vascular state)</p>	<p>Other contrast study</p> <p>Urethrogram</p> <p>Cystogram</p> <p>ECG</p>
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<p>Injury Diagram</p> 	<p>Plan</p> <p>Investigation: _____</p> <p>_____</p> <p>Treatment: _____</p> <p>_____</p> <p>Time out of ED: _____ hrs</p> <p>Examining Doctors</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td>Team leader</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>ED</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>DCCM</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Signature	Team leader	_____	_____	ED	_____	_____	DCCM	_____	_____
	Name	Signature											
Team leader	_____	_____											
ED	_____	_____											
DCCM	_____	_____											

<p>A = Abrasion GSW = Gun Shotwound</p> <p>B = Burn L = Laceration</p> <p>C = Contusion S = Swelling</p> <p>CR = Crush SW = Stab wound</p> <p>D = Dislocate T = Tenderness</p> <p># = Fracture</p>	<p>General Surgeon</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Signature	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Name	Signature											
_____	_____	_____											
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Narrative of Events

M
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CR 1010

Summary of Injuries

Region	Description of Injury
Head including Face	
Spine including C-Spine	
Chest	
Abdominal & Pelvic	
Extremities	
Soft Tissue	