

# South East of Scotland Major Trauma Centre Trauma Tertiary Survey



Title: Major Trauma Tertiary Survey			
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# Trauma Tertiary Survey Survey (TTS)

## Why?

- Around 1 in 17 major trauma patients have 'missed injuries' during their hospital stay which can cause significant morbidity.
- Trauma Tertiary surveys may reduce this figure to as low as 1 in 40.
- The intensive Care society and Trauma quality improvement programs have therefore made it a quality standard.

## Who?

All trauma patients admitted to critical care

## What?

A comprehensive general physical re-examination and review of all investigations, including imaging and blood results.

## When?

1. Within 24 hours of admission 'after the dust has settled'
2. Repeated once awake, if reduced level of consciousness

## What is the difference from the Primary and Secondary survey?

- Primary survey = performed by an ED registrar to identify life threatening injuries.
- Secondary survey = completed by Orthopaedics or ED to complete a head to toe examination.

The secondary survey may still need to be completed when patients arrive in ICU. Contact Orthopaedics.

The tertiary survey should be performed at a later stage (within 24 hours) when more information may be available and initial procedures/operations are complete. This should be undertaken by ICU staff.

## How?

- On admission fill in all trauma patients on whiteboard as we do for APACHE forms.
- Complete TTS form (available in Drs room 118)
- Document in TRAK once completed (as per short-code on form)
- Wipe off whiteboard once TTS completed.

# Major Trauma Tertiary Survey

History (Salient Points Only)

Addressograph

Name: .....

DOB: .....

CHI: .....

Pre-Hospital notes present & read? ☐

Known Injures:

Interventions to date: (Surgery/Interventional Radiology)

1

1

2

2

3

3

4

4

5

5

Laboratory results (complete and repeat if required)

Bloods ☐

CK ☐

Amylase ☐

Troponin ☐

Blood Cultures ☐

Toxicology ☐

Group and Save ☐

Electronic Release ☐

Valid Until: .....

Other (List Below) ☐

Specialities Involved / Required

Speciality

Referred

Seen by

Consultant

Notes on Talk

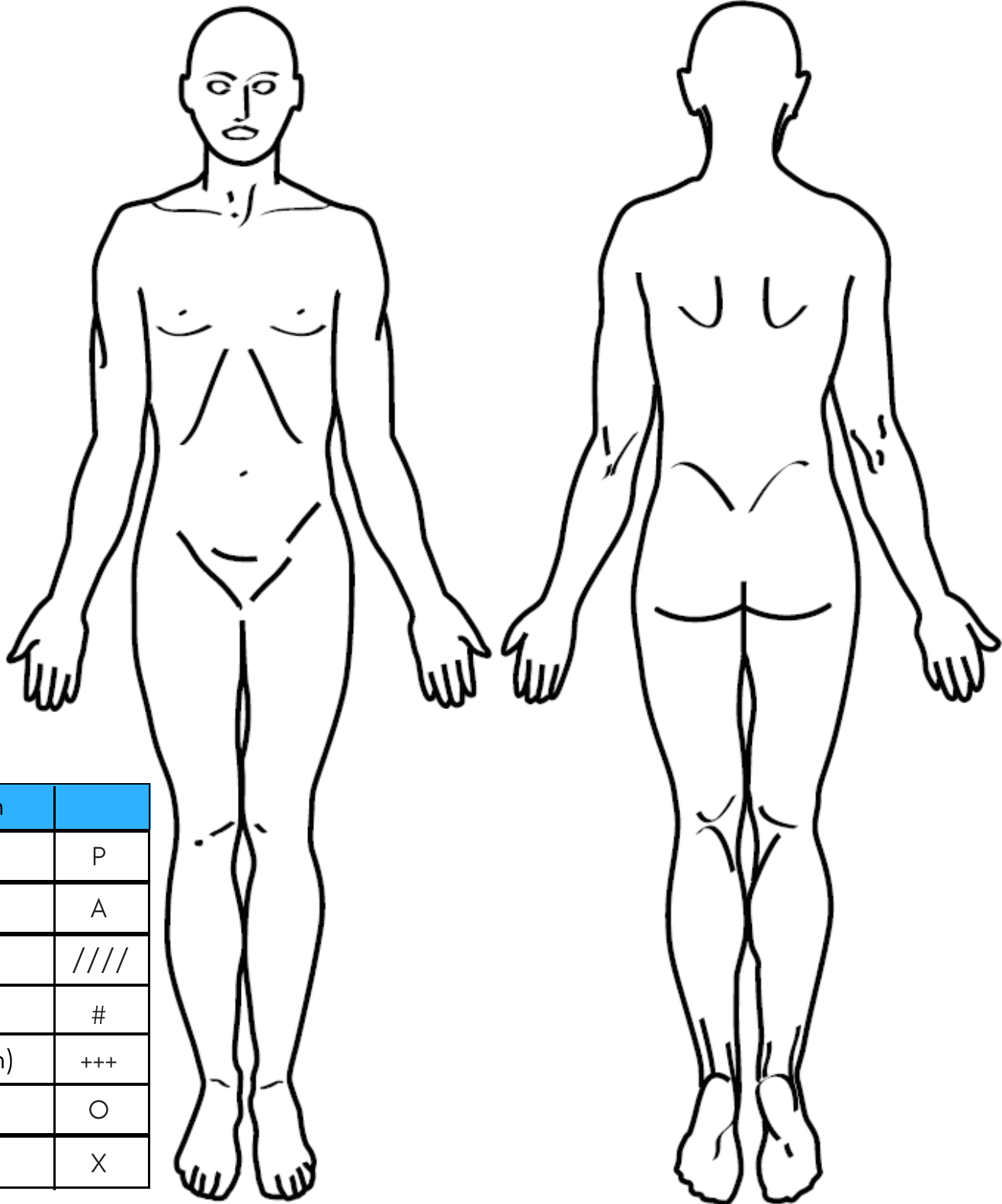
<b>Head:</b>				Addressograph			
Scalp	<input type="checkbox"/>	Left Ear	<input type="checkbox"/>	Right Ear	<input type="checkbox"/>	Name: .....	
GCS:	E: .....	V: .....	M: .....		DOB: .....		
<b>Face:</b>				CHI: .....			
Left eye	<input type="checkbox"/>	Left pupil	<input type="checkbox"/>	Right eye	<input type="checkbox"/>	Right pupil	<input type="checkbox"/>
Contact lens removed		<input type="checkbox"/>					
Cranial nerves	<input type="checkbox"/>	Lips	<input type="checkbox"/>	Teeth - Loose	<input type="checkbox"/>	Cracked	<input type="checkbox"/>
Missing		<input type="checkbox"/>		Nose (CSF blood)		<input type="checkbox"/>	
Secondary brain injury prevention measures in place: <input type="checkbox"/>							
<b>Neck / Spine:</b>							
N.B. remove collar with in-line immobilisation. Do not move neck without senior presence. See also perineum/limb sections for when log-rolling patient.							
Miami J/Aspen Collar in situ	<input type="checkbox"/>	Date: .....	Correct fit		<input type="checkbox"/>	Pressure Points	
Gross Injuries	<input type="checkbox"/>	Tracheal Deviation	<input type="checkbox"/>	Pressure checks frequency prescribed		<input type="checkbox"/>	
<b>All spinal cord injuries should have an ASIA Chart</b>							
	C-spine		T-spine		L-spine		
Midline tenderness							
Deformity							
Radiologically cleared							
Clinically cleared							
<b>Chest:</b>							
Chest Wall Movement	<input type="checkbox"/>	Gross Injuries	<input type="checkbox"/>	Surgical Emphysema		<input type="checkbox"/>	
<b>Drains</b>							
Left	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	Surgical Emphysema		<input type="checkbox"/>	
Right	<input type="checkbox"/>	Swinging	<input type="checkbox"/>	Surgical Emphysema		<input type="checkbox"/>	
Breath sounds	<input type="checkbox"/>	Heart sounds	<input type="checkbox"/>	Sternum		<input type="checkbox"/>	
<b>Abdomen:</b>							
Gross injuries	<input type="checkbox"/>	Cullens sign	<input type="checkbox"/>	Distension		<input type="checkbox"/>	
Guarding	<input type="checkbox"/>	Rigidity	<input type="checkbox"/>				
Bowel sounds	<input type="checkbox"/>	NG in situ	<input type="checkbox"/>	Pregnant (MUST D/W Obstetrics)		<input type="checkbox"/>	
<b>Pelvis:</b>							
Binder in situ	<input type="checkbox"/>	When fitted: Date .....	Pressure Points		<input type="checkbox"/>	Gross Injuries	
<b>Perineum:</b>							
Genetalia	<input type="checkbox"/>	Speculum required?	<input type="checkbox"/>	Tone	<input type="checkbox"/>	Prostate	<input type="checkbox"/>
Binder in situ	<input type="checkbox"/>	Bleeding / malaena	<input type="checkbox"/>	Urethral bleeding	<input type="checkbox"/>		
<b>Limbs</b>	<b>Left Upper</b>		<b>Right Upper</b>		<b>Right Lower</b>		
Reflexes							
Capillary refill							
Pulses							
Tone							
Power							
Sensation							
<b>Other:</b>							
ECG	<input type="checkbox"/>	Echo	<input type="checkbox"/>	B-HCG	<input type="checkbox"/>	Anti-D	<input type="checkbox"/>
Urine dip	<input type="checkbox"/>	Tetanus up to date	<input type="checkbox"/>	Tetanus required		<input type="checkbox"/>	

Name: .....

DOB: .....

CHI: .....

Please document all visible injuries and palpate every bone (*especially scaphoid, hands/feet*)



Coding system	
Pain	P
Abrasion	A
Bruising	////
Fracture	#
Laceration (cm)	+++
Incision	○
GSW	X

## Movement restrictions

What is restriction	Decision made by whom	For review when

Radiology results (complete if required)

Addressograph

Type of Scan	Reviewed (please tick)	Reported (please tick)

Name: .....  
DOB: .....  
CHI: .....

VTE Prophylaxis:

Has VTE prophylaxis been prescribed?                      Yes ☐                      No ☐

If not then document the reason why:.....  
.....  
.....

Date and Time to review:.....

Findings / Concerns or injuries detected during TTS:

.....  
.....  
.....  
.....  
.....  
.....

Outstanding investigations / Plans / Wound management / Follow up

.....  
.....  
.....  
.....  
.....  
.....

When is a further TTS required? Not required? When GCS 15 prior to D/C

Signature: ..... (Junior)                      Date: .....                      Time: .....  
Signature: ..... (Consultant)                      Date: .....                      Time: .....