

**ST GEORGE HOSPITAL
TERTIARY TRAUMA SURVEY (TTS) FORM**

addressograph label

DATE OF TTS:

TIME OF TTS:

DATE OF ADMISSION:

TIME OF ADMISSION:

CURRENT PATIENT LOCATION:

MECHANISM OF INJURY:

**PAST MEDICAL HISTORY
ILLNESSES &
OPERATIONS:**

MEDS PRIOR
TO ADMISSION:

ALLERGIES:

HABITS (etoh, tobacco, others):

CURRENT PHYSICAL EXAM

TEMP:	BP:	HR:	RR:
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GCS: E: V: M: Total:

PUPILS (size & reactivity): right: left:

HEAD/ENT/FACE:

NECK (soft tissues, oesophagus, trachea, vessels):

C-SPINE:

CHEST & LUNGS:

HEART:

ABDOMEN:

BACK:

SPINE:

PERINEUM & GENITALIA:

RECTAL:

EXTREMITIES (pulses, ROM):

NEURO:

PATHOLOGY TESTS (most recent)

FBC: date: results:

UEC: date: results:

COAG: date: results:

URINE: date: results:

OTHERS:

RADIOLOGY (most recent)

CXR: date: findings:

CT
BRAIN: date: findings:

CT
SPINE: date: findings:

CT
ABD: date: findings:

CT
CHEST: date: findings:

OTHERS:

HAS THE C-SPINE BEEN CLEARED?

yes: date cleared: how cleared: clinically plain films CT
 flex/ext

no: what are the plans for clearance:

DVT PROPHYLAXIS: clexane (40 mg sc qd) pneumatic leg compressors

KNOWN INJURIES

- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
 - 8.
-

NAME(print):

SIGNATURE: