# TERTIARY TRAUMA SURVEY (TTS) FORM

**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

<table>
<thead>
<tr>
<th>TEMP:</th>
<th>BP:</th>
<th>HR:</th>
<th>RR:</th>
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</thead>
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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: