



PN0010

TRAUMA TERTIARY SURVEY
*(To be completed within 24 hrs of admission.
This survey may replace the FIRST daily note.)*

RESIDENT/CRNP/NP COMMENTS FOR EXAM ASSESSMENT AND PLAN:

Imaging studies reviewed: ☐ CXR ☐ AXR ☐ PXR ☐ CTH ☐ CTF ☐ CTcsp ☐ CTch ☐ CTa/p ☐ Other: _____

☐ Patient prior care records reviewed or ☐ None Available

Substance Abuse Screening: ☐ CAGE ☐ Labs ☐ Report of previous use ☐ Negative - No further intervention needed. ☐ Positive - SW referral needed

Signature of Resident/CRNP/NP (Credentials/PGY Yr) Printed Name Contact Number Date Time

TRAUMA ATTENDING'S NOTE: ☐ ATTENDING CRITICAL CARE TIME: _____ minutes

Signature of Teaching Physician (Credentials) Printed Name Beeper #805 610-447-7605 Date/Time

Attending Attestation Statement: I have ☐ supervised this evaluation ☐ examined this patient ☐ reviewed & interpreted all laboratory results & imaging studies ☐ directed the decision making, ☐ reviewed & agree with the above note & treatment plans.