



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: _____

Substance Abuse Screening: [] CAGE [] Labs [] Report of previous use [] Negative - No further intervention needed. [] Positive - SW referral needed
[] Patient prior care records reviewed or [] None Available

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.