STRONG REGIONAL TRAUMA CENTER **TERTIARY SURVEY POST INJURY DAY #1 PROGRESS NOTE**

SMH 1338 MR

Standard Register ®

	Page 1 of 2					
Date	<u>e</u> :	Time:			KEY: INR =	international normalized ratio
Sub	jective:					
		I				
<u>Vita</u>	Is : HR:	BP:	RR:	Temp:		O ₂ Sat:
	sical Exam : <u>General</u> :				Medications:	
	HEENT:					
<u>F</u>	Pupils:					
	<u>Neck:</u> Still in C-collar? Yes / N Reason:					
<u> </u>	Abdomen:				Allergies:	
<u> </u>	Pelvis:					
	Back: Still on Logroll? Yes / N Reason: Extremities:				<u>Lines</u> :	
	Pulses: Neuro:		GCS:			
Pos	t Injury Day 1 Labs:					
		_		AS AL Alk Bil	T: cPhos:	
	Stable Yes / No					
	Repeat UA:	PT:			nylase: pase:	
_	ays:					
	CXR	C-s	pine Lateral	Pe	lvis	
	Chest CAT	C-S	Spine 3 view	C	spine MRI	
	Head CAT	C s	pine CAT	Ex	tremity Films	
	Face CAT	TS	pine			
+	Abd/Pelvis CAT	LS	pine			

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TERTIARY SURVEY
POST INJURY DAY #1 PROGRESS NOTE

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\times	Inpatient	

Date: Time:		KEY:	LUE = left	n-weight bearing upper extremity lower extremity	RUE = right upper extremity RLE = right lower extremity
Ambulating? Yes / No NWB: LUE LLE RUE	RLE	PT Yes	/ No C	OT Yes / No	
Diet: Clears Regular NPO Tube Feeds					
DVT Prophylaxis: Lovenox Subcut. Heparin	None				
Stress Ulcer Prophylaxis: Famotidine Omepra	azole Suci	ralfate			
List of Injuries:]	List Atte	nding Consu	ıltants:
		_	Ortho:		
		_	Neuro: _		
		_ ;	Spine: _		
		_	Plastics:		
		_	OMFS: _		
		_	ENT:		
		_	Cardiolo	gy:	
Studies Still Required:			Ophthalmology:		
			Pain:		
		- (Other:		
		- 			
Home care needs required:					
Social Work contacted Yes / No					
		_			
		_			
		-			
		_			
Resident Signature: R	esident Nam	e:			Pager:
Trauma Attending Note: I have seen and evaluated the patient with the medic as well:	al staff, confir	med thei	ir findings	s as above ar	nd noted the following
Attending Signature:					
Attending Name:					



STRONG REGIONAL TRAUMA CENTER
TERTIARY SURVEY
POST INJURY DAY #1 PROGRESS NOTE

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\times	Inpatient	

Date: Time:		KEY:	NWB = non-weight bearing LUE = left upper extremity LLE = left lower extremity	RUE = right upper extremity RLE = right lower extremity
Ambulating? Yes / No NWB: LUE LLE RU	JE RLE	PT Yes	/ No OT Yes / No	
Diet: Clears Regular NPO Tube Feeds	S			
DVT Prophylaxis: Lovenox Subcut. Heparin	None			
Stress Ulcer Prophylaxis: Famotidine Omep	orazole Suc	ralfate		
List of Injuries:]	List Attending Consu	ultants:
		_	Ortho:	
		_	Neuro:	
		_ :	Spine:	
		_	Plastics:	
		_	OMFS:	
			ENT:	
			Cardiology:	
Studies Still Required:			Ophthalmology:	
Studies Still nequired.			Pain:	
		_	Other:	
		_		
		-		
Home care needs required:		_		
Social Work contacted Yes / No				
		_		
		_		
		_		
		_		
Resident Signature:	Resident Nam	ne:		Pager:
Trauma Attending Note: I have seen and evaluated the patient with the med as well:	lical staff, confi	rmed thei	ir findings as above a	nd noted the followin
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Attending Name:				



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		_	Neuro:	
		_ :	Spine:	
		_	Plastics:	
		_	OMFS:	
			ENT:	
			Cardiology:	
Studies Still Required:			Ophthalmology:	
Studies Still nequired.			Pain:	
		_	Other:	
		_		
		-		
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		_		
		_		
		_		
		_		
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