



# Tertiary Survey

<b>Source Document:</b>	North West Children's Major Trauma Operational Delivery Network (ODN) Clinical Guidelines
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## Tertiary Survey

### Tertiary Survey Following Major Trauma

The tertiary trauma survey is a patient evaluation that identifies and catalogues all injuries after the initial resuscitation and operative intervention. Tertiary surveys must be completed for all major trauma patients admitted to the MTC's 24 hours after admission and is repeated when the patient is awake, responsive, and able to communicate any complaints. The tertiary trauma survey is a comprehensive review of the medical record with emphasis on the mechanism of injury and pertinent co-morbid factors such as age. It includes the repetition of the primary and secondary surveys, a review of all laboratory data, and a review of radiographic studies. Any new physical findings require further studies to rule out missed injuries.

The physical assessment is a complete "head to toe" evaluation with a focus on mechanism of injury. All radiographic imaging and laboratory value trends are then reviewed. If a new injury is suspected then further studies are obtained. A standardised worksheet that becomes part of the patient's hospital record is completed to catalogue all injuries.

## **Recommended Paediatric Major Trauma Psychology Standards**

- Within each paediatric major trauma team therefore should be a designated clinical psychologist who is embedded within the team. It is recommended that there is at least 1 WTE clinical psychologist who provides at least 5-day cover and oversight of all elements of psychological rehabilitation in major trauma.
- Clinical psychologists should be core members of the MTC multidisciplinary team (MDT) and may take a leading role within the MDT.
- The clinical psychologist should offer both inpatient and outpatient services (including assessment, formulation, and intervention), enabling acute and later psychological therapy and input. Psychological interventions should follow appropriate manualised treatment protocols.
- All children and young people who have sustained a head injury should have specific access to neuropsychology for follow up assessment and/or review and intervention of cognitive problems.
- Appropriate screening measures should be utilised for all children and young people, including those with mild traumatic brain injury, to ensure that they are offered appropriate and timely support.
- Follow-up screening measures should be sent to all children and young people who have been involved in a traumatic event after 3 months.
- During inpatient stays consultation and liaison to review (neuro) psychological status and functioning for identified children and young people and their parent/carers/ siblings should occur at least on a weekly basis.
- A pathway must be in place to enable documentation of screening, assessment, triage and onward referral where appropriate.
- Clinical psychology should provide regular teaching and training to trauma MDT staff.
- Clinical psychologists should consider the whole environment in which care is provided and promote psychologically informed environments. This includes offering consultation, case discussion and supervision to staff around the psychological wellbeing of patients.
- Clinical psychologists should support rehabilitation and discharge/onward care planning (including referral to liaison psychiatry for patients who have self-harmed/attempted suicide and working with systems such as schools and social care.
- Clinical psychologists should be available to provide support and critical incident debriefs to all members of staff in the MTC.
- Clinical psychologists should engage in psychological research, audit and service evaluation relevant to the trauma service.