



attach patient label here

**Physician Orders ADULT**  
**Order Set: ED Trauma Orders**

[R] = will be ordered

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy <input type="checkbox"/> Other: _____		
<b>Food/Nutrition</b>		
<input type="checkbox"/> NPO	Start at: T;N, Instructions: NPO except for medications	
<b>Patient Care</b>		
<input type="checkbox"/> IV Insert/Site Care	STAT, q4day, Preferred Gauge: 18G, second IV site	
<input type="checkbox"/> O2 Sat Spot Check-NSG	STAT	
<input type="checkbox"/> O2 Sat Monitoring NSG	STAT	
<b>Respiratory Care</b>		
<input type="checkbox"/> Non Rebreather Mask	STAT, 10 L/min, Special Instructions: FiO2 100%, titrate to keep O2 sat greater than or equal to 92%	
<input type="checkbox"/> ISTAT Blood Gases (RT Collect)	STAT, once	
<b>Continuous Infusions</b>		
<input type="checkbox"/> Sodium Chloride 0.9% (Sodium Chloride	500 mL, IV Piggyback, once, STAT, 1,000 mL/hr	
<input type="checkbox"/> Sodium Chloride 0.9%	1,000 mL, IV, STAT, 75 mL/hr	
<input type="checkbox"/> Sodium Chloride 0.45%	1,000 mL, IV, STAT, T;N, 75 mL/hr	
<input type="checkbox"/> Dextrose 5% with 0.45% NaCl	1,000 mL, IV, STAT, T;N, 75 mL/hr	
<b>Medications</b>		
<input type="checkbox"/> ampicillin-sulbactam	3 g, Injection, IV Piggyback, once, STAT, T;N, Reason for Antibiotic: _____	
<input type="checkbox"/> ceftriaxone	1 g, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____	
<input type="checkbox"/> ciprofloxacin	400 mg, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____	
<input type="checkbox"/> clindamycin	900 mg, IV Piggyback, IV Piggyback, once, STAT, T;N, Reason for Antibiotic: _____	
<input type="checkbox"/> metroNIDAZOLE	500 mg, IV Piggyback, IV Piggyback, once, STAT, T;N, Reason for Antibiotic: _____	
<input type="checkbox"/> piperacillin-tazobactam	4.5 g, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____	
<input type="checkbox"/> meropenem	1,000 mg, IV Piggyback, IV Piggyback, once, STAT, Reason for Antibiotic: _____	
<input type="checkbox"/> tetanus-diphth toxoids (Td) adult/adol	0.5 mL, Injection, IM, once, STAT, T;N	
<input type="checkbox"/> acetaminophen	975 mg, Tab, PO, once, STAT	
<input type="checkbox"/> ibuprofen	800 mg, Tab, PO, once, STAT	
<input type="checkbox"/> ketorolac	15 mg, Injection, IV Push, once, STAT	
<input type="checkbox"/> ketorolac	30 mg, Injection, IV Push, once, STAT	
<input type="checkbox"/> meperidine	25 mg, Injection, IM, once, STAT	
<input type="checkbox"/> morPHINE	1 mg, Injection, IV Push, once, STAT, T;N	
<input type="checkbox"/> morPHINE	2 mg, Injection, IV Push, once, STAT, T;N	



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Medications continued		
<input type="checkbox"/>	HYDROmorphone	1 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	metoclopramide	10 mg, Injection, IV Push, once, STAT, T;N, Comment: give slowly
<input type="checkbox"/>	ondansetron	4 mg, Injection, IV Push, once, STAT, T;N
<input type="checkbox"/>	prochlorperazine	5 mg, Injection, IV Push, once, STAT, T;N
Laboratory		
<input type="checkbox"/>	Troponin Point of Care	T;N, STAT
<input type="checkbox"/>	Troponin-I	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	CBC	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Chem 8 Profile POC	T;N, Stat
<input type="checkbox"/>	Comprehensive Metabolic Panel (CMP)	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Lipase Level	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Screen	T;N, STAT, to Hold, Type: Blood, Nurse Collect
<input type="checkbox"/>	Type and Crossmatch PRBC	T;N, STAT, Reason: transfuse, 2 units, Type: Blood, Nurse Collect
<input type="checkbox"/>	Transfuse PRBC's - ED or OP	T;N, STAT
<input type="checkbox"/>	Hold PRBC	T;N, STAT
<b>If possibility of pregnancy, order one of below:</b>		
<input type="checkbox"/>	Pregnancy Screen Serum	T;N, STAT, once, Type: Blood, Nurse Collect
<input type="checkbox"/>	Pregnancy Screen Urine Point of Care	T;N, STAT, once
Diagnostic Tests		
<input type="checkbox"/>	Abdomen 2 Views	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Abdomen 1 View	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Ankle Comp 3+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Ankle Comp 3+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	CXR Portable	T;N, Reason for Exam: Other, Enter in Comments, STAT, Portable, Comment: Trauma
<input type="checkbox"/>	Chest PA & Lateral	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	Clavicle Comp LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Clavicle Comp RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	CT Abdomen W Cont Orders	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	CT Brain/Head WO Cont	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	CT Maxillofacial Area WO Cont	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	CT Pelvis W Cont Orders	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	CT Spine Cervical WO Cont (CT Cervical Spine WO Cont)	T;N, Reason for Exam: Other, Enter in Comments, STAT, Stretcher, Comment: Trauma
<input type="checkbox"/>	CT Thorax W Cont Orders	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	Elbow 2+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Elbow 2+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Femur 2 VW Minimum LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Femur 2 VW Minimum RT	T;N, Reason for Exam: Trauma, STAT, Stretcher



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Diagnostic Tests continued		
<input type="checkbox"/>	Foot Comp 3+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Foot Comp 3+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Forearm 2VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Forearm 2VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Hand 3+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Hand 3+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Hip Uni 2-3VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Hip Uni 2-3VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Humerus 2+ VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Humerus 2+ VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Knee 1/2 VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Knee 1/2 VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Mandible Comp 4+VW	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Nasal Bones Comp 3+VW	T;N, Reason for Exam: Other, Enter in Comments, Other reason: Trauma, STAT, Stretcher
<input type="checkbox"/>	Pelvis 1/2 VW	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Ribs 2 VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Ribs 2 VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Shoulder Comp 2+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Shoulder Comp 2+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Spine Cerv 2/3 Views	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Spine Lumbar 2/3VW	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Spine Thoracic 2VW	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Tibia & Fibula 2VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Tibia & Fibula 2VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Wrist 3+VW LT	T;N, Reason for Exam: Trauma, STAT, Stretcher
<input type="checkbox"/>	Wrist 3+VW RT	T;N, Reason for Exam: Trauma, STAT, Stretcher
Consults/Notifications		
<input type="checkbox"/>	Physician Consult	
<input type="checkbox"/>	Physician Consult	
<input type="checkbox"/>	Physician Consult	
<input type="checkbox"/>	Physician Consult	
<input type="checkbox"/>	Notify Physician-Continuing	Notify: ED Physician, HR > 140 bpm, HR < 55 bpm, SaO2 < 92%

Date

Time

Physician's Signature

MD Number