

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (✓)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

SO ED Level 1 Trauma

Version 3 4/2/19

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain x 2

IV Fluids - Maintenance Specific Fluid

Lactated Ringers IV

- 125 milliliter/hour continuous intravenous infusion

Laboratory

STAT Labs:

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- AMYLASE
- PT (PROTIME AND INR)
- PTT
- CALCIUM, IONIZED
- MAGNESIUM LEVEL, PLASMA
- ALCOHOL, ETHYL LEVEL
- LACTIC ACID, PLASMA
- URINE DRUG SCREEN
- UA W/MICROSCOPY, CULT IF INDIC

Blood gas study

- Arterial

IF Female of Menstruating Age and No Hysterectomy Select:

- PREGNANCY TEST, SERUM

Blood Bank

- ALL blood products are leukocyte reduced, this attribute does not need to be ordered.
- In order to avoid the occurrence of graft-versus-host disease (GVHD) in patients who have immune deficiency states, transfused red cells must be subjected to irradiation

Packed Cells (RBC) Orders:

Packed Cells [Type and Cross]

- Quantity: 2

Radiology and Diagnostic Tests

XR Chest Single , portable,

- stat Reason for exam: Trauma

XR Pelvis AP Only , portable,

- stat Reason for exam: Trauma

- ED ECG (ED Provider Only) Reason for Exam: Trauma

Provider Signature: _____ Date: _____ Time: _____