

(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 2-3 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

IV Fluids - Maintenance Specific Fluid

Lactated Ringers IV

- 125 milliliter/hour continuous intravenous infusion

Laboratory

STAT Labs:

- CBC/AUTO DIFF
- COMPREHENSIVE METABOLIC PANEL
- AMYLASE
- ALCOHOL, ETHYL LEVEL
- URINE DRUG SCREEN
- UA W/MICROSCOPY, CULT IF INDIC

IF Female of Menstruating Age and No Hysterectomy Select:

- PREGNANCY TEST, SERUM

Radiology and Diagnostic Tests

XR Chest Single , portable,

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

Provider Signature: _____ Date: _____ Time: _____