

(place patient label here)

Patient Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

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Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

Trauma Admission

Version 1 12/10/14

Patient Placement

Patient Status

- If the physician cannot anticipate that the duration of episode of care for the patient will cross two midnights, the patient should continue to be treated as an outpatient (observation services) and should be admitted if or when additional information suggests or the physician anticipates that the duration of the episode of care will cross a second midnight.
  - Admit to inpatient: \*\*I certify that:
    - Inpatient services are reasonable and necessary and ordered in accordance with Medicare regulations.
    - Services ordered are appropriate for the inpatient setting.
    - It is anticipated that the medically necessary care of the patient will cross at least 2 midnights.
    - The diagnosis included in this order is the reason for inpatient services and is outlined further in the history and physical and subsequent progress notes.
    - The need for post hospital care will be determined based upon the patient's evolving clinical condition and needs.
  - Observation services (Condition can be evaluated/treated/improved within 2 midnights or additional time is needed to determine if inpatient admission is medically necessary)
  - Comfort care only [ ] Yes [ ] No
  - Attending Provider: \_\_\_\_\_

Preferred Location/Unit

- ICU
- PCU
- CVU
- General Medical
- Surgical
- Ortho/Neuro
- Oncology

Code Status:

- Full Code
- DNR
- Limited DNR Status
  - No intubation, mechanical ventilation
  - No chest compressions
  - No emergency medications or fluid
  - No defibrillation, cardioversion
  - No \_\_\_\_\_

Injuries: \_\_\_\_\_

VS: \_\_\_\_\_

Check box if ordered:

SCD, AVI, Thigh TEDS, Knee TEDs

\_\_\_ Foley \_\_\_\_\_

\_\_\_ NG \_\_\_\_\_

\_\_\_ IS \_\_\_\_\_ Cough & Deep Breathe \_\_\_\_\_

\_\_\_ O2 \_\_\_\_\_ Oximetry \_\_\_\_\_

Initials \_\_\_\_\_

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\_\_\_\_ Chest Tube to 20 cm H2O Suction \_\_\_\_\_

\_\_\_\_ Turn every 2 hrs \_\_\_\_\_

\_\_\_\_ Bedrest \_\_\_\_\_

\_\_\_\_ Specialty Bed: \_\_\_\_\_

\_\_\_\_ NPO \_\_\_\_\_

\_\_\_\_ Diet: \_\_\_\_\_

\_\_\_\_ I&O \_\_\_\_\_

\_\_\_\_ Daily weights \_\_\_\_\_

\_\_\_\_ C-Collar \_\_\_\_\_

\_\_\_\_ IV Fluids \_\_\_\_\_

**MEDS:**

\_\_\_\_ Antibiotic \_\_\_\_\_

\_\_\_\_ PCA \_\_\_\_\_

\_\_\_\_ Other pain meds \_\_\_\_\_

\_\_\_\_ Pepcid 20 mg IV Q 12 hrs. \_\_\_\_\_

\_\_\_\_ Sedative \_\_\_\_\_

\_\_\_\_ Lovenox \_\_\_\_\_

\_\_\_\_ Tetanus \_\_\_\_\_

\_\_\_\_ Wound Care \_\_\_\_\_

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**CONSULTS:**

\_\_\_ Intensivist (for) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ (for) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ (for) \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_ (for) \_\_\_\_\_

\_\_\_ Anesthesia (for) \_\_\_\_\_

\_\_\_ Pain

\_\_\_ Nutrition

\_\_\_ OT

\_\_\_ PT

\_\_\_ Rehab

\_\_\_ SOC Services

Other not above \_\_\_\_\_

**RADIOLOGY:**

\_\_\_ CT

\_\_\_ HEAD \_\_\_\_\_

\_\_\_ C-SPINE \_\_\_\_\_

\_\_\_ THORAX \_\_\_\_\_

\_\_\_ ABD \_\_\_\_\_

\_\_\_ PELVIS \_\_\_\_\_

\_\_\_ SPINE \_\_\_\_\_

\_\_\_ PLAIN X-RAYS

\_\_\_ C-SPINE \_\_\_\_\_

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\_\_\_\_ T-SPINE \_\_\_\_\_

\_\_\_\_ L-SPINE \_\_\_\_\_

\_\_\_\_ PELVIS \_\_\_\_\_

\_\_\_\_ CXR \_\_\_\_\_

**LABORATORY:**

\_\_\_\_ CBC \_\_\_\_\_      \_\_\_\_ ABG \_\_\_\_\_

\_\_\_\_ BCS-12 \_\_\_\_\_      \_\_\_\_ T&C \_\_\_\_\_

\_\_\_\_ BCS-7 \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_