



<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL KUMED</p> <p style="text-align: center;">3901 Rainbow Boulevard Kansas City, Kansas 66160</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>PATIENT LABEL</p>
PHYSICIAN'S ORDER FORM		

DATE & TIME	#	ORDERS ADULT TRAUMA ADMISSION TO FLOOR
		Reference: American College of Chest Physicians, 2008. The American College of Surgeons Committee on Trauma Advanced Trauma Life Support. 7 th edition. (2004)
		Allergies: _____ Patient Weight _____ kg
	1.	Admit to:
	2.	Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____
	3.	Diagnosis:
	4.	Condition:
	5.	Activity: <input type="checkbox"/> Cervical Spine Precautions <input type="checkbox"/> Full Spine Precautions • At minimum Log Roll every two hours if patient is stable.
	6.	Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular Diet <input type="checkbox"/> Clear Liquid Diet <input type="checkbox"/> Soft Diet <input type="checkbox"/> Diabetic Diet _____ ADA <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tube feeding _____ via <input type="checkbox"/> Small Bowel Tube Feeding <input type="checkbox"/> PEG Tube <input type="checkbox"/> OG tube/NG tube
	7.	
	8.	Nursing: <ul style="list-style-type: none"> • Vital Signs: <input type="checkbox"/> Per unit standards <input type="checkbox"/> every 2 hours <input type="checkbox"/> every 4 hours <input type="checkbox"/> every 6 hours • Strict intake and output • Neuro checks: <input type="checkbox"/> every hour <input type="checkbox"/> every 2 hours <input type="checkbox"/> every 4 hours <input type="checkbox"/> every 6 hours <input type="checkbox"/> every 8 hours <input type="checkbox"/> Finger Stick Blood Glucose every <input type="checkbox"/> hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> Chest Tubes to: <input type="checkbox"/> _____ cm H₂O Suction <input type="checkbox"/> Water seal <input type="checkbox"/> Foley to Dependent Drainage <input type="checkbox"/> NG Tube <input type="checkbox"/> OG Tube <input type="checkbox"/> Low Continuous Wall Suction <input type="checkbox"/> Intermittent Wall Suction <input type="checkbox"/> Drains to: <input type="checkbox"/> Bulb <input type="checkbox"/> Wall Suction
	9.	<input type="checkbox"/> Specialty Bed: See Specialty Bed Order Form
	10.	Respiratory Therapy: Oxygen Therapy: <input type="checkbox"/> Nasal Cannula _____ Liters/minute <input type="checkbox"/> Mask _____ % FiO ₂ <input type="checkbox"/> Titrate Oxygen to keep SaO ₂ > _____ % Lung Expansion: <input type="checkbox"/> Incentive Spirometry _____ <input type="checkbox"/> Positive Expiratory Pressure Therapy _____ <input type="checkbox"/> IPPB _____ Airway Clearance: <input type="checkbox"/> Vibrating Postive Expiratory Pressure <input type="checkbox"/> Vibrating Vest <input type="checkbox"/> Postural Drainage and Clapping <input type="checkbox"/> Nasotracheal Suctioning Nebulized medication therapy: <input type="checkbox"/> Bronchodilator: _____ every _____ hours x 72 hours <input type="checkbox"/> Other: _____ every _____ hours x 72 hours Pulse oximetry: <input type="checkbox"/> Continuous pulse oximetry <input type="checkbox"/> Every 4 hours pulse oximetry <input type="checkbox"/> Respiratory therapy protocol exempt
	11.	Laboratory: <input type="checkbox"/> Admission labs: <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> PT/PTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> Daily Labs: _____

ADULT TRAUMA ADMISSION TO FLOOR



Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none">• < 40 years of age• No clinical risk factors	<ul style="list-style-type: none">• > 40 years of age (with no additional clinical risk factors)• Minor Surgery/Injury (any age) with clinical risk factors• < 40 years of age, major surgery/injury & no additional risk factors• ICU admission	<ul style="list-style-type: none">• SCI• > 40 years of age with injury (ISS \geq 9) with or without additional risk factors• < 40 with major surgery/injury and additional clinical risk factors• Prolonged ventilator days



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	20.	PRN Medications: <input type="checkbox"/> PCA: see PCA Order Form
	21.	Call Physician _____ Pager _____ for: <ul style="list-style-type: none"> • Temperature > 38.5° C • Pulse < 60 or > 120 BPM • Respirations < 12 or > 35 Breaths per minute • SaO₂ < 92% or increased O₂ needs • SBP < 90 or > 160; DBP < 50 or > 100; MAP < 60 • Urine Output < 30 mL or > 300 mL/hour • No bowel movement by postoperative day number 3 • Drain Output > 100 mL/hour • FSBS < 60 or > 300 mg/dL • Change in mental status
	22.	Consults to Physician Service – requires completion of Consult form: <input type="checkbox"/> Orthopedics <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Spine <input type="checkbox"/> Plastics <input type="checkbox"/> ENT <input type="checkbox"/> Rehab <input type="checkbox"/> Other
	23.	Consults: <input type="checkbox"/> Pain Team <input type="checkbox"/> Wound Team <input type="checkbox"/> Speech (once extubated) <input type="checkbox"/> Cognitive evaluation <input type="checkbox"/> Swallow evaluation <input type="checkbox"/> Physical Therapy once spine cleared for strengthening, ROM and mobility <input type="checkbox"/> Occupational Therapy once spine cleared for ROM and ADL <input type="checkbox"/> Nutrition <input type="checkbox"/> Other: _____
	24.	Other:

Physician Signature: _____ Pager: _____

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