




<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 style="text-align: center;">PHYSICIAN'S ORDER FORM</p>	<p>Do not write in this box</p>  <p>DT0017</p>	<p>Patient Label</p>
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DATE & TIME	#	ORDERS ADULT TRAUMA ADMISSION TO ICU
		<p>Reference: American College of Chest Physicians, 2008. The American College of Surgeons Committee on Trauma Advanced Trauma Life Support. 7th Edition (2004).</p>
	1.	<p>Allergies: _____ Patient Weight: _____ kg</p>
	2.	<p>Admit to: _____</p>
	3.	<p>Attending Physician: _____ Pager: _____ Resident Physician: _____ Pager: _____</p>
	4.	<p>Diagnosis: _____</p>
	5.	<p>Condition: _____</p>
	6.	<p>Activity: <input type="checkbox"/> Cervical Spine Precautions <input type="checkbox"/> Full Spine Precautions <input type="checkbox"/> Other: _____ • At minimum Log Roll every two hours if patient is stable</p>
	7.	<p>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"/> OG tube/NG tube • Metabolic Cart for all ventilated patients every Monday morning</p>
	8.	<p>Nursing:</p> <ul style="list-style-type: none"> • Vital Signs Per ICU standards • Hemodynamic monitoring per ICU standards or every _____ hours. Calibrate SvO₂ every A.M. • Neuro checks <input type="checkbox"/> every hour <input type="checkbox"/> every 2 hours • Intake and output per ICU standards <p><input type="checkbox"/> Foley to Dependent Drainage <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"/> NG Tube <input type="checkbox"/> OG Tube <input type="checkbox"/> Low Continuous Wall Suction <input type="checkbox"/> Intermittent Wall Suction <input type="checkbox"/> Small Bowel Feeding Tube <input type="checkbox"/> Drains to: <input type="checkbox"/> Bulb <input type="checkbox"/> Wall Suction <input type="checkbox"/> Initiate Spinal Cord Assessment Sheet (Form NUR15B-1052)</p>
	9.	<p><input type="checkbox"/> Specialty Bed: See Specialty Bed Order Form</p>
	10.	<p>Respiratory Therapy: Mechanical Ventilation: Mode _____, Rate _____, Tidal Volume _____, Pressure Support _____ Positive end-expiratory pressure _____, FiO₂ _____, Titrate for SpO₂ • _____ <input type="checkbox"/> Pressure Control Mode: Pressure Control (Peak Inspiratory Pressure) _____ cm H₂O OR <input type="checkbox"/> Target Tidal Volume _____ (Do not exceed _____ H₂O) ABG: 30 minutes after initiation of mechanical ventilation and every morning while intubated Adult mechanical ventilation weaning protocol: <input type="checkbox"/> Exempt from Adult ICU Ventilator Weaning Protocol due to: _____ Oxygen Therapy: <input type="checkbox"/> Nasal Cannula _____ Liters/minute <input type="checkbox"/> Mask _____ % FiO₂ <input type="checkbox"/> Titrate Oxygen to keep SaO₂ > _____ % Lung Expansion: <input type="checkbox"/> Incentive Spirometry _____ <input type="checkbox"/> Positive Expiratory Pressure Therapy _____ <input type="checkbox"/> IPPB _____ Airway Clearance: <input type="checkbox"/> Vibrating Positive Expiratory Pressure <input type="checkbox"/> Vibrating Vest <input type="checkbox"/> Postural Drainage and Clapping <input type="checkbox"/> Nasotracheal Suctioning</p>



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	11.	Respiratory Therapy (cont'd) Nebulized medication therapy: <input type="checkbox"/> Bronchodilator: _____ every _____ hours x 72 hours <input type="checkbox"/> Other: _____ every _____ hours x 72 hours	
	12.	Laboratory: <input type="checkbox"/> Admission labs: <input type="checkbox"/> ABG <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> PT/PTT <input type="checkbox"/> Other: _____ <input type="checkbox"/> Initiate/continue Massive Transfusion Protocol	
	13.	Additional Laboratory: <ul style="list-style-type: none"> • CRP Monitoring on day one and then every Monday and Thursday • Prealbumin every Monday and Thursday 	
	14.	Radiology: <input type="checkbox"/> Bilateral Lower Extremity Venous Doppler Duplex every Monday - Only on High Risk Patients (see DVT risk stratification on back of this page) <input type="checkbox"/> Chest x-ray every morning <input type="checkbox"/> Other: _____	
	15.	IV Fluids:	
	16.	Antibiotics: See Anti Infective Order Form	
	17.	DVT Propylaxis: <input type="checkbox"/> Intermittent pneumatic compression device <input type="checkbox"/> Thigh length <input type="checkbox"/> Bilateral <input type="checkbox"/> Right only <input type="checkbox"/> Left only <input type="checkbox"/> Calf length <input type="checkbox"/> Bilateral <input type="checkbox"/> Right only <input type="checkbox"/> Left only <input type="checkbox"/> Foot pumps <input type="checkbox"/> Bilateral <input type="checkbox"/> Right only <input type="checkbox"/> Left only <input type="checkbox"/> Enoxaparin 30 mg SQ every 12 hours <input type="checkbox"/> Enoxaparin 40 mg SQ every day <input type="checkbox"/> Other: _____	
	18.	Blood Glucose Management: <input type="checkbox"/> Initiate Critical Care Intensive IV Insulin Infusion Protocol Order Set <input type="checkbox"/> Sliding Scale Insulin: 1 Unit Regular Insulin SQ for every FSBS 10 mg/dL > 150 mg/dL. NTE 15 Units <input type="checkbox"/> Other: _____	
	19.	Stress Ulcer Prophylaxis: (Patient must be NPO for use of IV Esomeprazole) <input type="checkbox"/> Lansoprazole suspension 30 mg via gastric tube <input type="checkbox"/> every day <input type="checkbox"/> BID <input type="checkbox"/> Lansoprazole capsule 30 mg PO <input type="checkbox"/> every day <input type="checkbox"/> BID <input type="checkbox"/> Esomeprazole injection 40 mg IV every day <input type="checkbox"/> Famotidine 20 mg PO BID <input type="checkbox"/> Famotidine 20 mg IV BID <input type="checkbox"/> Other (specify): _____	
	20.	Bowel Management: <input type="checkbox"/> Senna extract 8.6 mg with Docusate Sodium 50 mg po twice a day, hold for loose stools. <input type="checkbox"/> Concentrated Milk of Magnesia 10 mL po every morning beginning post-operative day 2 , until first BM, then every other day. May hold if BM within 24 hours of dose. <input type="checkbox"/> Bisacodyl suppository 10 mg pr every day beginning post-operative day 2 , until first BM, then every other day. May hold if BM within 24 hours of dose.	
	21.	Sedation: <input type="checkbox"/> See Sedation Physician Order Form for Mechanically Ventilated Patient	
	22.	Pain Medications: <input type="checkbox"/> PCA: See PCA Order Form <input type="checkbox"/> See Analgesia Physician Order Form for Mechanically Ventilated Patient	
ADULT TRAUMA ADMISSION TO ICU			



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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	23.	Neuromuscular Blockade: <input type="checkbox"/> See Neuromuscular Blockade Form for Mechanically Ventilated Patient
	24.	Other Medications: Chlorhexidine oral rinses 15 mL every 12 hours
	25.	PRN Medications:
	26.	Pneumonia Prevention/Pulmonary Care: <ul style="list-style-type: none"> • Head of bed elevated at least 30° unless contraindicated (Patient may be placed in reverse Trendelenburg) <input type="checkbox"/> Exempt from HOB up 30° due to: _____ • Oral care per Critical Care nursing standard of practice: Mechanical ventilation including Oral Care • Chlorhexidine oral rinses 15 mL every 12 hours
	27.	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: _____
	28.	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: _____
	29.	Call Physician _____ Pager _____ for: Temperature > 38.5° C Pulse < 60 or > 120 BPM Respirations < 12 or > 35 Breaths per minute Ventilator Peak Inspiratory Pressure > 40 cm H ₂ O SaO ₂ < 92% or increased O ₂ needs SBP < 90 or > 180; DBP < 50 or > 100; MAP < 60 Urine Output < 30 mL x 2 hours or > 300 mL/hour x 2 hours No bowel movement by postoperative day number 3 Drain Output > 100 mL/hour Change in mental status ICP > 20; Cerebral Perfusion Pressure < 70

Physician Signature: _____ Pager: _____

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