




<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	#	<p>ORDERS</p> <p>CATASTROPHIC BRAIN INJURY</p> <p>Patient must meet imminent brain death criteria</p>																			
		<p>Reference: Brain Trauma Foundation. Guidelines for the management of severe head injury. 2003. http://www2.braintrauma.org/guidelines</p>																			
		<p>Allergies: _____ Weight in kg: _____</p> <p>Attending Name: _____ Service: _____ Pager: _____</p> <p>Resident Name: _____ Pager: _____</p>																			
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