



ADMITORDER

Trauma Service - Standard Admission / Transfer Orders

Form Origination Date: 11/01

Version: 3

Version Date: 3/08

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**This form may be completed on line. Tab or move
cursor to text field and type in text.**

For HIPAA Compliance reasons, this form
IS NOT TO BE SAVED with patient information. Selecting
the PRINT button will clear all information from the note.

Patient Name _____

MRN _____

PATIENT IDENTIFICATION LABEL

ALLERGIES/DRUG SENSITIVITY: 1. _____ 2. _____ 3. _____ 4. _____

(Instructions: Check or fill in Yes (Y) block for all applicable orders and fill in any blanks for those orders with Yes block filled in. Check No (N) block for all orders not applicable. Orders are not valid unless either Yes or No block checked or filled in wherever they appear.)

Select **EITHER** ☐ Outpatient Observation OR ☐ Trauma Service Inpatient Admission

Another brand of a generically equivalent product identical in dosage form and content of active ingredient may be administered unless checked. > ☐

- ☒ Y ☐ N 1. Admit to Trauma Service / notify admission office of patient's outpatient or inpatient status. Immediately, notify Trauma Service of patient's arrival to floor.
- ☒ Y ☐ N 2. Admit Attending _____ Pager ID _____
Resident _____ Pager ID _____
Intern _____ Pager ID _____
- ☒ Y ☐ N 3. Diagnosis(es) _____

- ☒ Y ☐ N 4. Condition _____
- ☒ Y ☐ N 5. Diet (check one) ☐ NPO ☐ Per PN form ☐ NPO except meds
☐ Per Enteral form ☐ Oral diet (type _____)
- ☒ Y ☐ N 6. Vital signs q1h x 4, then q2h x 4, then per routine
- ☐ Y ☐ N 7. Neuro checks q1h x 4, then q2h x 4, then _____
- ☐ Y ☐ N 8. Vascular checks (check one) ☐ q1h ☐ q2h ☐ Other _____
- ☒ Y ☐ N 9. Activity (check one) ☐ Bed rest ☐ Out of bed to chair
☐ Out of bed ad lib ☐ Log roll only
☐ Flat in bed ☐ Reverse trendelenburg @ maximum possible
☐ Other _____
- ☒ Y ☐ N 10. Remove from backboard using log roll technique if patient still on backboard
- ☒ Y ☐ N 11. Spinal Precautions
☐ Order Miami J collar®; leave in Philadelphia collar® until Miami J collar® arrives
☐ Maintain C spine immobilization in Philadelphia collar®
- ☐ Y ☐ N 12. Pulse Oximeter
- ☐ Y ☐ N 13. Telemetry
- ☒ Y ☐ N 14. 12 lead EKG if patients age > 40 and not done prior to admission to floor
- ☒ Y ☐ N 15. DVT prophylaxis (check all applicable) see also pharmaceutical prophylaxis # 29
☐ Sequential Compression Device with TED hose (length ☐ knee ☐ thigh) ☐ Foot pumps
☐ Contraindication (documentation required if mechanical prophylaxis not selected): _____
- ☐ Y ☐ N 16. ☐ NG ☐ OG tube to continuous low suction
- ☐ Y ☐ N 17. Chest tubes to _____ cm continuous suction via closed chest drainage system
- ☐ Y ☐ N 18. Urinary catheter to gravity drainage

Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM

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☐ Y ☐ N 19. Other drains _____

☐ Y ☐ N 20. Supplemental O₂ via (check one) ☐ Nasal cannula at _____ L/min ☐ Face mask at FIO₂ = _____ %
☐ trach collar

☒ Y ☐ N 21. Strict intake / output recording

☒ Y ☐ N 22. FSBG on admission to floor. Call HO if FSBG > 140 mg/dL. Physician to consider insulin if not already ordered.

☒ Y ☐ N 23. Call physician for:
heart rate less than 60 or greater than 120 beats per minute
SBP less than 90 or greater than 160 mmHg
DBP less than 50 or greater than 100 mmHg
pulse oximeter less than 93%
temperature greater than 101.5° F

☒ Y ☐ N 24. Evaluate with CAGE questionnaire and document. Call physician to consider initiation of Alcohol Withdrawal Syndrome
Practice Guideline for CAGE ≥ 2.

☒ Y ☐ N 25. Vaccine Standing Orders
Complete the Adult Influenza Standing Order form and if indicated, administer influenza vaccine
Complete the Adult Pneumococcal Standing Order form and if indicated, administer pneumococcal vaccine

☐ Y ☐ N 26. **Pain medications** (check all applicable) [link to medication reconciliation form]

☐ PCA The Adult PCA physician order form must be completed [link].

☐ Other _____

☒ Y ☐ N 27. Vaccines

☐ Splenectomy patient – complete Adult Immunization Orders to order vaccines [link]

☐ Open wounds confirm administration of tetanus vaccine prior to admission. If not given, contact
physician to complete Adult Immunization Order Form [link].

☐ Y ☐ N 28. **Antibiotics** _____

☐ Y ☐ N 29. **Cefazolin** 1 gram IV q8h X 24 hours for tube thoracostomy prophylaxis only after initial placement unless other antibiotic
ordered under #28

☒ Y ☐ N 30. **DVT prophylaxis** (check all applicable)

☐ Enoxaparin 30 mg SC q12h

☐ Contraindication (documentation required if drug therapy not selected): _____

☐ Y ☐ N 31. **Other medications** ☐ _____
☐ _____
☐ _____

☐ Y ☐ N 32. **Maintenance IV** _____ with _____ mEq/L KCl at _____ mL/hr

Physician Signature _____ **Pager ID** _____ **Date** _____ **Time** _____ AM/PM

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☐ Y ☐ N 33. Labs

☐ Y ☐ N 34. Xray studies

☐ Y ☐ N 35. Other orders

☐ Y ☐ N 36. Consult Respiratory Therapy for treatments per departmental protocols

☐ Y ☐ N 37. Consult Physical Therapy

☐ Y ☐ N 38. Consult Occupational Therapy

☐ Y ☐ N 39. Consult unit Social Worker

☐ Y ☐ N 40. Other consults

Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM
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