



PHYSORDER

Adult Emergency Department Trauma Activation Orders

Page 1 of 3

Form Origination Date: 6/10

Version: 2

Version Date: 8/11

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.

- ☒ Y ☐ N 1. Vital signs q 5 minutes x 30 minutes, then PRN
- ☒ Y ☐ N 2. Core temperature on arrival (rectal, foley, esophageal, or, if awake and not intubated, sublingual) (No axillary temperatures)
- ☒ Y ☐ N 3. Cardiac monitor
- ☒ Y ☐ N 4. Insert or maintain 2 peripheral IVs and attach 1L warm 0.9% NaCl to each vascular access. See rate below.
- ☒ Y ☐ N 5. Warm blankets on removal of clothing and maintain when not being examined.
- ☐ Y ☐ N 6. Apply Bair Hugger®
- ☒ Y ☐ N 7. NPO
- ☒ Y ☐ N 8. Bedrest
- ☒ Y ☐ N 9. Pulse oximeter
- ☒ Y ☐ N 10. Supplemental O₂ to maintain saturation > 95%.
☐ Nasal cannula at _____ L/min ☐ Face mask at FIO₂ = _____ %
Notify physician if unable to maintain saturation > 95% with these measures
- ☐ Y ☐ N 11. **Initiate mechanical ventilation**
Mode _____ TV _____ Rate _____ FiO₂ _____ PEEP _____
- ☐ Y ☐ N 12. EKG
- ☒ Y ☐ N 13. Maintain C spine immobilization
- ☐ Y ☐ N 14. ☐ NG tube to continuous low suction ☐ OG tube to continuous low suction
- ☐ Y ☐ N 15. Chest tubes to _____ cm continuous suction via closed chest drainage system
- ☐ Y ☐ N 16. Urinary catheter to gravity drainage
- ☐ Y ☐ N 17. Insert arterial line
- ☐ Y ☐ N 18. **Labs**
- | | |
|--|--|
| <input type="checkbox"/> Trauma A Profile
(for level A: PT, PTT, Urinalysis, BMP, Osmolality, CBC, Ethanol) | <input type="checkbox"/> BMP |
| <input type="checkbox"/> Trauma A Profile: Female Childbearing Age
(Urinalysis, BMP, Osmolality, AST, ALT, CBC, hCG, PT, PTT) | <input type="checkbox"/> CMP |
| <input type="checkbox"/> Trauma A Profile: Pregnant
(PT, PTT, Urinalysis, BMP, Osmolality, CBC, Feti HGB, Fib) | <input type="checkbox"/> CBC |
| <input type="checkbox"/> Trauma B Profile: Pregnant
(PT, PTT, CBC, hCG, Feti Hgb, Fib) | <input type="checkbox"/> PT |
| <input type="checkbox"/> Pediatric Trauma Profile
(Urinalysis, BMP, Osmolality, AST, ALT, CBC, PT, PTT) | <input type="checkbox"/> PTT |
| <input type="checkbox"/> Arterial blood gas | <input type="checkbox"/> Ethanol |
| <input type="checkbox"/> Venous blood gas | <input type="checkbox"/> Serum Hcg |
| <input type="checkbox"/> Type and screen | <input type="checkbox"/> UA |
| <input type="checkbox"/> Type and crossmatch _____ units PRBC | <input type="checkbox"/> Urine Drug Screen (UDS) |
| | <input type="checkbox"/> Urine Hcg |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

Physician Signature _____ Pager ID _____ Date _____ Time _____ AM/PM
ah_1w_orders_traumaactivation OTE 901109 Rev. 8/11



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

☐ Y ☐ N 19. **IV fluids**

- ☐ Warmed 0.9% NaCl bolus 1 liter x _____ liter(s)
- ☐ Warmed 0.9% NaCl @ _____ mL/hr
- ☐ Warmed Lactated Ringers bolus 1 liter x _____ liter(s)
- ☐ Warmed Lactated Ringers @ _____ mL/hr

☐ Y ☐ N 20. **Blood products**

- ☐ PRBC infuse _____ units with warmer
- ☐ FFP infuse _____ units with warmer
- ☐ Platelets infuse _____ pack(s)
- ☐ Initiate Major Bleed Protocol
- ☐ Infuse via rapid infusion device with warmer

☒ Y ☐ N 21. Call physician for:

- heart rate < 60 or > 120 beats per minute
- SBP < 90 or > 160 mmHg
- DBP < 50 or > 100 mmHg
- pulse oximeter < 93%
- temperature > 101.5° F

☐ Y ☐ N 22. **Pain medications** (check all applicable)

- ☐ **Adult Trauma Alert Pain Protocol** The Adult Trauma Alert Pain Protocol order form must be completed [\[link\]](#).
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

☐ Y ☐ N 23. **Sedation**

- ☐ Propofol drip: initiate at _____ micrograms/kg/min IV (recommend 5-50 micrograms/kg/min)
Titrate for sedation
- ☐ Lorazepam _____ mg IV push x 1. ☐ May repeat x _____
- ☐ Lorazepam drip _____ mg/hr (recommend 1-2 mg/hr) Titrate for sedation.
- ☐ Other _____
- ☐ Other _____

☒ Y ☐ N 24. **Vaccines**

- ☐ (Td) tetanus/diphtheria 0.5 mL IM x 1— complete Adult Immunization Orders to order vaccines [[link](#)]

☐ Y ☐ N 25. **Antibiotics estimated patient weight:** _____ kg

- ☐ Cefazolin 1 gm IV x 1
- ☐ Gentamicin _____ mg IV x 1 (recommend 1 mg/kg)
- ☐ Other _____
- ☐ Other _____

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☐ Y ☐ N 26.

Rapid sequence intubation medications

☐ Etomidate _____ mg IV push x 1 (recommend 0.3 mg/kg)

☐ Succinylcholine _____ mg IV push x 1 (recommend 1.5 mg/kg)

☐ _____

☐ _____

☐ Y ☐ N 27.

Other medications

☐ _____

☐ _____

☐ _____

☐ Y ☐ N 28.

Radiology

☐ FAST scan

☐ Chest X Ray

☐ Pelvis X Ray

☐ CT Pan Scan (Head, C-spine, Chest, Abd, Pelvis, Angio Neck)

☐ CT head

☐ CT C-spine

☐ CT chest

☐ CT abdomen

☐ CT pelvis

☐ CT angiogram of neck

☐ CT face

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other X Ray: _____

☐ Other CT: _____

☐ Other CT: _____

☐ Y ☐ N 29.

Other orders

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

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