REMINDER: ALL MEDICATION ORDERS REQUIRE DOSE, ROUTE, FREQUENCY AND INDICATION
DO NOT USE ABBREVIATIONS

DOCTORS ORDERS **TRAUMA ADMISSION PATHWAY ORDERS**	**CHECK OFF/ INITIALS**
Admit to Trauma Services	
Diagnosis:	
Floor: ICU HLC 6 West Pediatrics/Young Adult 5 West	
Consult: ☐ Trauma _____ ☐ Orthopedics _____ ☐ Plastics _____ ☐ Pulmonary _____ ☐ Primary care physician _____ ☐ Neurosurgeon _____ ☑ OT/PT evaluation _____ ☐ Speech evaluation _____ ☐ Social Service consult _____ ☐ Pediatrician (under age 12) _____ ☐ Other _____	
Activity ☐ Bed rest until cleared by ☐ Trauma ☐ Ortho ☐ Neuro ☐ Out of bed to chair ☐ Activity as tolerated ☐ Limited to _____	
DVT Prophylaxis: SCD on admission while on bedrest	
Vital signs: ☐ every 4 hours ☐ every _____	
Intake & Output every shift	
Diet: ☐ Nothing by mouth until re-evaluated by: ☐ Trauma ☐ Ortho ☐ Neuro ☐ Clear liquids x 24 hours, if no nausea or vomiting, advance as tolerated ☐ Home diet as tolerated	
☐ Intravenous Fluid _____ at _____ mL/hour ☐ Convert to heparin lock after 24 hours, if tolerating liquids by mouth ☐ Convert to heparin lock after 24 hours when patient-controlled analgesia discontinued and tolerating liquids by mouth.	
☐ Incentive Spirometry every 2 hours x 48 hours, then every 4 hours. ☐ O_2 at _____ liters per minute ☐ Per respiratory protocol	
☐ CBC in morning ☐ Hgb/Hct every _____ ☐ Electrolytes, BUN, Glucose ☐ Amylase, Lipase ☐ Other	

DOCTORS ORDERS TRAUMA ADMISSION PATHWAY ORDERS	CHECK OFF/ INITIALS
Pain Control: (check all that apply) ☐ Per routine ventilator orders ☐ PCA pain control per protocol ☐ Morphine _____ mg Intravenous every _____ hours titrate up to ____ mg every _____ hours as needed for severe pain ☐ Oxycodone 5 mg/Acetaminophen 325mg (Percocet®) 1-2 tablets by mouth every 4 hours as needed (after pain-controlled analgesia discontinued) for moderate pain. ☐ Ibuprofen (Motrin®) 600 mg by mouth every 8 hours as needed for mild pain. ☐ Acetaminophen (Tylenol®) 650 mg every 4 hours as needed for mild pain. ☐ Nicotine Patch (Nicoderm®) 21 mg transdermal daily as needed. ☐ Other _____	
☐ Docusate Sodium (Colace®) 100 mg by mouth twice a day.	
Print home medication list	
Additional medications: (list)	

Medication	Route	Dosage	Frequency	

This pathway is a suggested guideline for multidisciplinary care and may be modified according to the individual patient's needs.

Physician/Date/Time:	**Nurse/Date/Time:**	**Secretary/Date/Time:**
_____	_____	_____

Full page of orders requires only one physician, one nurse and one clerical signature

Original to Patient's Chart **Fax to Pharmacy**