

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

DOCTORS ORDERS EMERGENCY DEPARTMENT- TRAUMA		CHECK OFF/ INITIALS
Portable X Rays		
<input type="checkbox"/> C – Spine X-ray	<input type="checkbox"/> Femur <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/> L – Spine X-ray	<input type="checkbox"/> Knee <input type="checkbox"/> Right <input type="checkbox"/> Left	
<input type="checkbox"/> Chest X-Ray	<input type="checkbox"/> Thoracic	
<input type="checkbox"/> Pelvis	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Humerus <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Forearm <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Other _____	
CAT Scans		
<input type="checkbox"/> CT Brain	<input type="checkbox"/> CT Maxillofacial	
<input type="checkbox"/> CT C-spine	<input type="checkbox"/> CT Angiogram	
<input type="checkbox"/> CT Chest	<input type="checkbox"/> Thoracic	
<input type="checkbox"/> CT Abdomen and Pelvis with contrast	<input type="checkbox"/> Lumbar Spine	
<input type="checkbox"/> No oral contrast to be given		
Laboratory Orders		
<input type="checkbox"/> Trauma Labs <input type="checkbox"/> ABG		
<input type="checkbox"/> Troponin I <input type="checkbox"/> Type and Cross for ____ units Packed Red Blood Cells		
<input type="checkbox"/> Lactic Acid		
FAST Exam Performed by Trauma Surgeon / ED Physician		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Physician/Date/Time:	Nurse/Date/Time:	Secretary/Date/Time:
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Full page of orders requires only one physician, one nurse and one clerical signature



Original to Patient's Chart

Revised 3/05;10/06;2/07

Fax to Pharmacy
Form # 1.1-008-2