

Name: _____
Room #: _____

STAT

TRAUMA ALERT YELLOW ADMISSION ORDERS

Admitting Physician: _____

Unit: _____

Diagnosis : _____

Allergies : _____

Vitals: q 8^o q 4^o q 1^o

- D5LR@125 mL/hr
- Acetaminophen 325 mg - 650 mg PO or PR q 4 hours pain, HA, temp greater than 102° F
- hydrocodone/Acetaminophen 5/500 mg (Vicodin) 1-2 tabs PO q 4 hours PRN pain
- Meperidine 75 mg/hydrOXYzine 25 mg IM q 3 hours PRN severe pain
- droperidol 0.625 mg IV q 6 hours PRN nausea/vomiting
- Pepcid 20 mg IV q 12 hours

Labs in a.m.

H/H BMP CMP _____

SCDs on lower extremities

Call if blood pressure greater than 180/100 or less than 90/50; pulse greater than 120 or less than 60; temp greater than 102° F; urine output less than 200 mL q shift or 30 mL/hour x 2 hours

- Social Service consult
- NPO except for meds
- Clear liquids
- Call _____ if any problems.

Consult: _____

Physician Signature: _____

Date: _____

Time: _____