

Standing order for Multiple trauma (Version 1 November 2023)

Problem list/ Progress note	Order for one day		Order for continuation	
	Date	orders	Date	Orders
<p>Dx Multiple trauma ระบบการบาดเจ็บที่เกี่ยวข้อง</p> <p><input type="checkbox"/> Neurosurgery GCS.....</p> <p><input type="checkbox"/> Gen. surgery.....</p> <p><input type="checkbox"/> Orthopedic.....</p> <p><input type="checkbox"/> Maxillofacial.....</p> <p><input type="checkbox"/> Vascular.....</p> <p><input type="checkbox"/> Other.....</p> <p>High risk patient criteria</p> <p><input type="checkbox"/> Fall > 3 เมตร</p> <p><input type="checkbox"/> Post cardiac arrest</p> <p><input type="checkbox"/> Shock / Hemodynamic unstable</p> <p><input type="checkbox"/> Bruise at chest or Abd ≥ 10 cm.</p> <p><input type="checkbox"/> Pelvic fracture</p> <p><input type="checkbox"/> Multiple long bone fracture ≥ 2</p> <p><input type="checkbox"/> Amputation limb above ankle or wrist</p> <p><input type="checkbox"/> Severe maxillo-facial injury</p> <p>Problem list & Underlying</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		<p>Admit ward.....</p> <p><input type="checkbox"/> CBC c platelet</p> <p><input type="checkbox"/> PT, PTT, INR</p> <p><input type="checkbox"/> BUN, Cr, Electrolyte</p> <p><input type="checkbox"/> EKG 12 leads (age > 45)</p> <p><input type="checkbox"/> CXR</p> <p><input type="checkbox"/> On ET tube</p> <p>.....</p> <p><input type="checkbox"/> On O₂</p> <p><input type="checkbox"/> IV fluid</p> <p>.....</p> <p><input type="checkbox"/> G/M.....</p> <p><input type="checkbox"/> Serial Hct q hrs. if drop $\geq 3\%$ notify</p> <p><input type="checkbox"/> DTX q hrs. keep 80-200mg</p> <p><input type="checkbox"/> Tetanus Toxoid 0.5 cc IM</p> <p><input type="checkbox"/> Analgesic.....</p> <p><input type="checkbox"/> Transamine 1 gm IV q 6 hrs.</p> <p><input type="checkbox"/> Vitamin K 10 mg IV stat</p> <p><input type="checkbox"/> Notify แพทย์เวร at ward</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		<p><input type="checkbox"/> NPO</p> <p><input type="checkbox"/> Retain NG tube</p> <p><input type="checkbox"/> Retained foley's cath.</p> <p><input type="checkbox"/> Record V/S q hrs.</p> <p><input type="checkbox"/> Record I/O</p> <p>Medication</p> <p><input type="checkbox"/> Cefazolin 1 gm IV OD</p> <p>.....</p> <p><input type="checkbox"/> Dilantin 750 mg IV drip in 1 hrs 100 mg IV q 8 hrs.</p> <p><input type="checkbox"/> Omeprazole 40 mg IV OD</p>

Patent 's sticker