PHYSICIAN'S ORDERS

ADMISSION: LAC+USC Burn Ward Diagnosis: _____%TBSA Other Diagnosis: _____ Past Medical History: _____ Condition: ❒ Good ❒ Fair ❒ Serious ❒ Critical	Weight:	Height:	Allergies/Specify Reactions:

MONITORING
❒ **Adults** – **required assessment by MD for VTE risk**
❒ Insert saline lock, flush per protocol   ❒ Insert foley catheter
❒ Vital signs every 4 hours   ❒ Other: _____   ❒ Strict In's and Outs
❒ Pulse checks every 4 hours Location: _____

DIAGNOSTICS
❒ Urine Tox screening   ❒ Blood alcohol   ❒ HCG pregnancy test
❒ CBC with differential, PTT, PT/INR, Complete Metabolic Panel, Magnesium, Phosphate, Pre-Albumin, CRP
❒ Type and cross, utilize Blood Product Form   ❒ HgbA1C   ❒ Hepatitis B, C (Ag, Ab)
❒ Nasal MRSA/ORSA culture   ❒ Chest X-ray   ❒ EKG

RESPIRATORY THERAPY
❒ Nasal Cannula O2 at _____lpm or ❒ Aerosolized Face Mask O2 at _____%or ❒ Other _____@_____

INTRAVENOUS FLUIDS
❒ Maintenance Fluid: _____at _____mL per hour
❒ Call MD for urine output less than 30mL per hour **or**   ❒ urine output less than _____ ml per hour
❒ Call MD for urine output less than 1 mL/kg per hour **or** ❒ urine output less than _____ ml/kg per hour

MEDICATIONS: See attached
❒ PADI/Medication Reconciliation
❒ Pain/Sedation Order Form   ❒ Vitamin Order Form   ❒ Insulin Order Form
❒ Adult VTE Risk Assessment and Prophylaxis Order Form **(Required- MD needs to fill out for all adults)**
❒ Pharmacy Evaluation

ACTIVITY
❒ Physical Therapy Evaluation   ❒ Occupational Therapy Evaluation
❒ Bedrest   ❒ ADLs tolerated   ❒ Ambulate with assistance   ❒ Out of bed to chair TID
❒ Elevate _____ extremities
❒ Restraints – Utilize Restraint Order sheet

NUTRITION
❒ Nutrition Consult   ❒ Utilize Nutrition Order Form
❒ Weight on admission and every Monday and Thursday
❒ Insert nasogastric tube with KUB x-ray to verify placement

WOUND CARE
❒ Medical Photography   ❒ Pre-Printed Dressing Form

CONSULTS
❒ Ophthalmology   ❒ Pediatrics   ❒ Social Work   ❒ Pastoral Care   ❒ Other _____

SMOKING CESSATION (Core Measure):
   If patient smokes, provide smoking cessation education and offer 1-800-NO-BUTTS (1-800-662-8887)

Date	Time Written	Physician's Signature	IMPRINT ID CARD (NAME MRUN CLINIC/WARD)
Physician's ID Number		Service	
RN's Signature		Date	Time	
		Scanned By	

PHYSICIAN'S ORDERS	BURN CENTER WARD ADMISSION ORDERS 7/2012