



PHYSICIAN'S ORDERS

ALLERGIES: See Master Allergy Sheet

ORDERED		GENERAL STANDING ADMISSION BURN ORDERS	TIME ORDER NOTED
Date	Time		
		<i>Please circle orders where applicable</i>	
		1. Admit to: Dr. McClanahan Dr. Berry Dr. Stennett Dr. Vallette Dr. Vinson	
		2. Consult: Wound Care Nurse Dietary Social Services Psychologist	
		PT OT ST RT Ortho ENT	
		Pulmonology Hospitalist Other:	
		3. Labs: ABG PT/PTT CBC CMP CO Hgb Albumin	
		Lactic Acid Troponin Hgb A1C Serum HCG UA	
		Other:	
		4. Diagnostics: EKG Pulse Oximetry Cardiac Monitor	
		PCXR (portable) Other:	
		5. Activity:	
		6. Vital Signs:	
		7. Diet:	
		8. IV Fluids:	
		(If Foley present and UOP falls below 30 ml/hr notify MD)	
		9. I & O	
		10. NGT:	
		11. <input type="checkbox"/> Nasal Cannula O2 at 2-4 liters/minute to maintain oxygen saturation >96% (notify RT)	
		12. Document admission weight, followed by serial weights every morning x 5 days	
		13. Wound Care:	
		<input type="checkbox"/> Elevate Burned Extremities	
		<input type="checkbox"/> No pillows with ear, neck or face burns	
		<input type="checkbox"/> Whirlpool _____ dress with _____, bulky dressing daily	
		<input type="checkbox"/> Clean wounds with saline and replace with silvadene bid or after each whirlpool	
		<input type="checkbox"/> Other:	
		14. Pain Management:	
		<input type="checkbox"/> Toradol 30 mg IV every _____ stop after 5 days	
		<input type="checkbox"/> Morphine Sulfate _____ 15-30 minutes pre-whirlpool	
		<input type="checkbox"/> Other:	
		15. Medications in addition to pain management	
		<input type="checkbox"/> TD (tetanus toxoid/diphtheria) 0.5 ml IM if not already received in last 5 years	
		<input type="checkbox"/> Lovenox:	
		<input type="checkbox"/> Tylenol (Acetaminophen) 650 PO/NG every ____ hours as needed for Temp>101.6 F	
		<input type="checkbox"/> INT flush every 8 hours and prn	
		<input type="checkbox"/> Ativan for anxiety: _____	
		Other Meds:	
		Physician Signature: _____ Date/Time: _____	

▼ Addressograph / Patient Label ▼



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