**Proposed recommended nursing standing orders for trauma patients**

RNs may initiate the following standing orders for trauma patients that meet the trauma team activation criteria:

* Secure airway with oropharyngeal or nasopharengeal airway as needed; ventilate w/ BVM if respirations insufficient
* Immobilization as indicated (C-collar, spinal immobilization)
* Supplemental oxygen; adjust for SaO2 >94%
* Control bleeding
* Start IVs:
  + Adult: Initiate two large bore IVs; hang 2000 ml warmed normal saline (rate per provider order)
  + Child: Initiate one IV (largest size possible); hang 500 ml warmed normal saline; limit fluids to 20 ml/kg unless otherwise directed by provider
* If peripheral IVs appear difficult or fail x2, insert IO using EZ IO; do not delay vascular access to obtain peripheral IV
* Thermal management
  + Warm blankets
  + Bair Hugger (gown or blanket)
  + Increase room temperature
  + Activate overhead warming lights
  + Discontinue warming measures if temperature reaches 99.9oF
* Draw and send trauma lab panel
* VS q 5 minutes for first 15 minutes; if appear stable after 15 minutes, then q 15 minutes (BP, HR, RR, SaO2)
* Temperature q 30 minutes
* Core temperature if hypothermia suspected
* Immobilize suspected fractures
* Cardiac monitoring
* I&Os