

## 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 nasopharyngeal airway as needed; ventilate w/ BVM if respirations insufficient
- Immobilization as indicated (C-collar, spinal immobilization)
- Supplemental oxygen; adjust for SaO<sub>2</sub> >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 99.9°F
- 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, SaO<sub>2</sub>)
- Temperature q 30 minutes
- Core temperature if hypothermia suspected
- Immobilize suspected fractures
- Cardiac monitoring
- I&Os