

McLaren Print System Order

Order No: 63712
Order Date: 2021-07-19
User: Denise Kowalski
Phone: 810-342-2282

Ship Location: McLaren - Flint, Nursing Office
401 S. Ballenger Hwy.
Flint, MI 48532

Forms

Quantity: 1000
Paragon Dept No: 91900
Dept Name: Wound Care
Company Number: 60

Order Total Price: 115.50

Item Number: M-1708-294
Item Description: Wound Care Treatment Orders
Revision Date: 1/2020
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Misc Info: ss; black; 2 part

**McLaren – Flint
Wound Care Treatment Orders For Nursing Staff**

1. Location		Etiology:	
Clean with:	saline barrier wipes bath wipes	POA:	Yes No
Orders to nursing staff:			
<input type="checkbox"/> This item comes from pharmacy & needs physician order <input type="checkbox"/> This item comes from cart <input type="checkbox"/> This item is stocked on unit			

2. Location		Etiology:	
Clean with:	saline barrier wipes bath wipes	POA:	Yes No
Orders to nursing staff:			
<input type="checkbox"/> This item comes from pharmacy & needs physician order <input type="checkbox"/> This item comes from cart <input type="checkbox"/> This item is stocked on unit			

3. Location		Etiology:	
Clean with:	saline barrier wipes bath wipes	POA:	Yes No
Orders to nursing staff:			
<input type="checkbox"/> This item comes from pharmacy & needs physician order <input type="checkbox"/> This item comes from cart <input type="checkbox"/> This item is stocked on unit			

Other treatment orders:			
<input type="checkbox"/> This item comes from pharmacy & needs physician order <input type="checkbox"/> This item comes from cart <input type="checkbox"/> This item is stocked on unit			

- Re-consult wound care team if tissue deteriorates.
- Dietitian consult (if not already following)
- Patient to follow up at the out-patient wound care center upon D/C home. Brochure provided.

- Pressure** Turn/reposition patient every two hours
- Redistribution** Inflation overlay - (ensure proper air inflation every shift, available on unit)
- Needs:** Pre-inflated chair cushion - (if not available on unit, obtain from cart)
- Offloading heel protection boots - (if not available on unit, obtain from cart)
- Fluff heels while in bed
- Low air loss mattress with pulsation ****Ensure equipment transfer with patient from unit to unit****
- Bed bed with low air loss
- Other _____

Recommendations: _____

Wound Care RN Signature/Date/Time (required) Physician Signature/Date/Time (required)

**PHYSICIANS ORDERS AND
INSTRUCTIONS TO NURSE**
 W-1708-094
 Page 1 of 1
 White Copy – Chart Yellow Copy – Nursing
 Revised 12/13, 2/16, 2/17, 8/16, 1/20



Spec Info: Please, please, please 5 hole punch top of forms!