

McLaren Print System Order

Order No: 42787 Reprint Previous Order No: 11264
 Order Date: 2019-02-11
 User: Denise Kowalski
 Phone: 810-342-2215

Ship Location: McLaren - Flint, 8 Tower, office across from room 820, Attn: Denise
 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: 8/2017
 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		2. Location		3. Location	
Clean with:	Saline	Barrier wipes	Soft wipes	POC	Storage
Orders to nursing staff:	Yes	No	Yes	No	Yes
<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.					

4. Location		5. Location		6. Location	
Clean with:	Saline	Barrier wipes	Soft wipes	POC	Storage
Orders to nursing staff:	Yes	No	Yes	No	Yes
<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:

This item comes from pharmacy & needs physician order.
 This item comes from cart.
 This item is stocked on unit.

For consult wound care team if tissue deterioration.
 (within consult if not already following)
 Patient to follow up at the out patient wound care center upon DIC home. Structure provided.

Pressure Turn/reposition patient every two hours
Reposition Inflation every 15 minutes (ensure proper air inflation every shift, available on unit)
Heels Pre-inflated heel cushions - (if not available on unit, obtain from cart)
 Offloading heel protection boots - (if not available on unit, obtain from cart)
 Heel pads under or heel
 Use air loss mattress with padding ****Ensure equipment transfer with patient from unit to unit****
 Matt pad with low air loss
 Other _____

Recommendations _____

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

PHYSICIAN ORDERS AND INSTRUCTIONS TO NURSE
 8-1708-294
 Page 1 of 1
 Wound Care - Dept: Wound Care - Nursing
 Revised 02/15/17, 01/11/17