

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 | <input checked="" type="checkbox"/> Turn/reposition patient every two hours | |
| Redistribution | <input type="checkbox"/> Inflatable overlay - (<u>ensure proper air inflation every shift, available on unit</u>) | |
| Needs: | <input type="checkbox"/> Pre-inflated chair cushion - (<i>If not available on unit, obtain from cart</i>) | |
| | <input type="checkbox"/> Offloading heel protection boots - (<i>If not available on unit, obtain from cart</i>) | |
| | <input type="checkbox"/> Float heels while in bed | |
| | <input type="checkbox"/> Low air loss mattress with pulsation | **Ensure equipment transfer with patient from unit to unit** |
| | <input type="checkbox"/> Bari bed with low air loss | |
| | <input type="checkbox"/> Other _____ | |

Recommendations: _____

Wound Care RN Signature/Date/Time (required)

Physician Signature/Date/Time (required)

PHYSICIANS ORDERS AND INSTRUCTIONS TO NURSE

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White Copy – Chart Yellow Copy – Nursing
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PT.

MR./P.M.

DR.