McLaren – Flint
Wound Care Treatment Orders For Nursing Staff

1. Wound Location:	**Etiology:**
☐ Clean/Irrigate With Normal Saline or Barrier wipes	**POA: ☐ Yes ☐ No**
☐ Collagenase (SANTYL) Ointment to wound bed. ☐ cover with dry gauze, change _____ ☐ apply (Hydrogel) to dry gauze, change _____	Foam dressing (Optifoam Gentle): ☐ 4x4, change_____ (available on unit) ☐ 8x7 heart shaped, change_____(Cart)
☐ Silver Sulfadiazine (SILVADINE) to wd bed, cover with _____, change _____.	☐ Silver gelling fiber (opticell Ag), cover with _____, change _____ If wound bed is dry, moisten lightly w/ NS.
☐Antifungal Powder or Cream Apply twice daily and PRN.	☐ Silver Gel (Silvasorb)_____ _____.
☐ Recommended products need physician approval. **Obtain Products from Pharmacy**	☐ Petrolatum Gauze (Xeroform) cover with _____ _____, change _____.
☐ Other:	☐ Zinc oxide (Soothe & Cool) Barrier Ointment, apply ☐ Petrolatum based Ointment (Remedy Essentials Barrier), apply _____.
2. Wound Location:	**Etiology:**
☐ Clean/Irrigate With Normal Saline or Barrier wipes	**POA: Yes No**
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Other Treatment Orders:	

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☐ Re consult wound care team if tissue deteriorates.
☐ **Dietary Consult** (if not already following)
☐ Patient to follow up at out-patient wound care center upon D/C home. Appt made for:_____

Pressure Redistribution Needs:
☐ Turn/reposition patient every two hours
☐ Inflatable Overlay (ensure proper air inflation every shift)
☐ **Pre-inflated** chair cushion (Unit to order)
☐ Offloading heel protection boots (obtain from Cart)
☐ Float heels while in bed
☐ Low air loss or low air loss with pulsation Overlay - ordered by wd care
☐ Bari bed with or without low air loss, ordered by wd care
☐ Other: _____

Recommendations:_____
_____

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

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PT.

MR.#/P.M.

DR.