

McLaren Print System Order

Order No: 29523 Reprint Previous Order No: 11264
 Order Date: 2017-08-04
 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: 500
 Paragon Dept No: 91900
 Dept Name: Wound Care
 Company Number: 60

Order Total Price: 60.25

Item Number: M-1708-294
 Item Description: Wound Care Treatment Orders
 Revision Date: 2/2017
 Print: 1 sided black and white
 Paper: 2 Part (White, Yellow)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

McLaren Flint
Wound Care Treatment Orders For Nursing Staff

<p>1. Wound Location</p> <p><input type="checkbox"/> Clean/Irrigate With Normal Saline or Barrier Wipes</p> <p><input type="checkbox"/> Collagenase (SANTYL) Ointment (apply nickel thickness) to wound bed.</p> <p><input type="checkbox"/> cover with dry gauze, change _____</p> <p><input type="checkbox"/> Apply (Hydrogel) to dry gauze, change _____</p> <p><input type="checkbox"/> Silver Sulfadiazine (SILVADINE) to wet bed, cover with _____, change _____</p> <p><input type="checkbox"/> Antifungal Powder or Cream</p> <p>Apply twice daily and PPSL</p> <p><input type="checkbox"/> Recommended products need physician approval. Obtain Products from Pharmacy</p> <p><input type="checkbox"/> Other _____</p>	<p>Etiology</p> <p>POA: Yes No</p> <p>Foam Dressing (Optifoam-Gentle) <input type="checkbox"/> 4x4, change _____ (available on unit)</p> <p><input type="checkbox"/> 6x7 heel shaped, change _____</p> <p><input type="checkbox"/> Silver gelting fiber (OptoGel Ag), cover with _____ if product not on unit, obtain from cart</p> <p><input type="checkbox"/> Silver gelting fiber (OptoGel Ag), cover with _____ if wound bed is dry, moisten lightly w/ NS. Obtain product from cart</p> <p><input type="checkbox"/> Silver Gel (Silversoft), _____ Obtain product from cart</p> <p><input type="checkbox"/> Petroleum Gauze (Kerform) cover with _____ change _____</p> <p><input type="checkbox"/> Zinc oxide based Barrier Ointment, apply _____</p> <p><input type="checkbox"/> Dimethicone based Ointment, apply _____</p>
<p>2. Wound Location</p> <p><input type="checkbox"/> Clean/Irrigate With Normal Saline or Barrier Wipes</p> <p><input type="checkbox"/> Collagenase (SANTYL) Ointment (apply nickel thickness) to wound bed.</p> <p><input type="checkbox"/> cover with dry gauze, change _____</p> <p><input type="checkbox"/> Apply (Hydrogel) to dry gauze, change _____</p> <p><input type="checkbox"/> Silver Sulfadiazine (SILVADINE) to wet bed, cover with _____, change _____</p> <p><input type="checkbox"/> Antifungal Powder or Cream</p> <p>Apply twice daily and PPSL</p> <p><input type="checkbox"/> Recommended products need physician approval. Obtain Products from Pharmacy</p> <p><input type="checkbox"/> Other _____</p>	<p>Etiology</p> <p>POA: Yes No</p> <p>Foam Dressing (Optifoam-Gentle) <input type="checkbox"/> 4x4, change _____ (available on unit)</p> <p><input type="checkbox"/> 6x7 heel shaped, change _____</p> <p><input type="checkbox"/> Silver gelting fiber (OptoGel Ag), cover with _____ if product not on unit, obtain from cart</p> <p><input type="checkbox"/> Silver gelting fiber (OptoGel Ag), cover with _____ if wound bed is dry, moisten lightly w/ NS. Obtain product from cart</p> <p><input type="checkbox"/> Silver Gel (Silversoft), _____ Obtain product from cart</p> <p><input type="checkbox"/> Petroleum Gauze (Kerform) cover with _____ change _____</p> <p><input type="checkbox"/> Zinc oxide based Barrier Ointment, apply _____</p> <p><input type="checkbox"/> Dimethicone based Ointment, apply _____</p>

Other Treatment Orders _____

- Re-visit wound care team if tissue deteriorates.
 - Dietary Consult if not already following
 - Patient to follow up at appropriate wound care center upon OTC home. Brochure Provided.
- Pressure Turn/reposition patient every two hours
- Redistribution Inflation Overlay (obtain prior to unit) (obtain from cart)
- Heels Heel-wedges heel cushion (if not available on unit, obtain from cart)
- Offloading heel protection boots (if not available on unit, obtain from cart)
- Foot heels while in bed
- Low air loss or low air loss with pollution ^{**} Ensure equipment transfer with patient from unit to unit
- Bar foot with low air loss
- Other _____

Recommendations _____

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



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