

McLaren Print System Order

Order No: 46817 Reprint Previous Order No: 11264
 Order Date: 2019-07-09
 User: Denise Kowalski
 Phone: 810-342-2282

Ship Location: McLaren - Flint, 8 Tower, office across from room 820, Attn: Wound Care
 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:	Barrier wipes	Barrier wipes	Barrier wipes	Barrier wipes	Barrier wipes
Orders to nursing staff:	POA:	Yes	No	POA:	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:	Barrier wipes	Barrier wipes	Barrier wipes	Barrier wipes	Barrier wipes
Orders to nursing staff:	POA:	Yes	No	POA:	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:					
<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					

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)
 Foot heels wedge or pad
 Use air loss mattress with padding ****Ensure equipment transfer with patient from unit to unit****
 Bed 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 02/15/19, 01/11/17

6400