Physician Orders

Care Set: Wound Care Admit Orders

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: ___________ cm  Weight: ___________ kg

Allergies:
[ ] Medication allergy(s):
[ ] Latex allergy  [ ] Other:

Admission/Transfer/Discharge

[ ] Admit Patient to Dr.

Admit Status: [ ] Inpatient  [ ] Routine Post Procedure <24hrs  [ ] 23 hour OBS

NOTE to MD: Admit as Inpatient: POST PCI (PTCA) care to cardiac monitored bed (Medicare requirement);
severity of signs and symptoms, adverse medical event, patient does not respond to treatment.

Post Procedure: routine recovery < 8 hours same day stay; extended recovery 8 -24 hours

expected overnight stay, complexity of procedure or pt. condition, i.e., laparoscopy, HNP.

23 Hour Observation: additional time needed to evaluate for inpatient admission, i.e. r/o MI, syncope,
abdominal pain; patient will respond rapidly to treatment, i.e. dehydration.

Bed Type: [ ] Med/Surg  [ ] Critical Care  [ ] Stepdown  [ ] Telemetry; Specific Unit Location:

[ ] Notify Physician-Once T;N, room number upon arrival to unit

Primary Diagnosis: _____________________________________________________

Secondary Diagnosis: ___________________________________________________

Vital Signs

[ ] Vital Signs  T;N, Monitor and Record T,P,R,BP, q30min until stable, then q2h x 12 hrs, then q4h

Activity

[ ] Out Of Bed (Activity As Tolerated)  T;N

[ ] Bedrest w/BRP  T;N

Food/Nutrition

[ ] Regular Adult Diet  Start at: T;N

[ ] 1800 Calorie ADA Diet (ADA Diet 1800 Calorie)

Patient Care

[ ] Intake and Output  T;N, Routine, q8h(std)

Please complete the Special Instructions field in the Wound Care order below:

[ ] Wound Care  T;N, q12h(std), nurse to perform: wash with clean, room temperature tap water and _______. Risne with clean, room temperature tap water, blot dry and apply ointment, dry 4X4 plain guaze abd pads, dry roll Kerlix gauze and 2" paper tape.

[ ] Intermittent Needle Therapy Insert/Site (INT Insert/Site Care)  T;N, Routine

[ ] Heelbos Apply  T;N, Bilateral Spenco/waffle boots

Respiratory Care

Continuous Infusions

Medications

Laboratory

[ ] CBC  T;N, Routine,once, Type: Blood

[ ] Comprehensive Metabolic Panel (CMP)  T;N, Routine,once, Type: Blood

[ ] Wound Culture  T;N, Routine, Nurse Collect

[ ] Anaerobic Culture  T;N, Routine, Nurse Collect

[ ] Gram Stain  T;N, Routine, Nurse Collect
# Physician Orders

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### Diagnostic Tests

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>NM Bone/Jt Imag 3 Phase Study</td>
<td>T;N, Routine, Stretcher</td>
</tr>
<tr>
<td>US Ext Art Physiolog Mult Lvls/Provocat</td>
<td>T;N, Routine, Stretcher</td>
</tr>
<tr>
<td>US Ext Lower Ven Doppler W Compress Bil</td>
<td>T;N, Routine, Stretcher</td>
</tr>
<tr>
<td>US Ext Lower Ven Doppler W Compress LT</td>
<td>T;N, Routine, Stretcher</td>
</tr>
<tr>
<td>US Ext Lower Ven Doppler W Compress RT</td>
<td>T;N, Routine, Stretcher</td>
</tr>
<tr>
<td>Electrocardiogram (EKG)</td>
<td>Start at: T;N, Priority: Routine</td>
</tr>
</tbody>
</table>

### Consults/Notifications

<table>
<thead>
<tr>
<th>Consult Description</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy Wound Eval &amp; Tx (PT Wound Eval &amp; Tx)</td>
<td>T;N, Routine, Special Instructions: wound hydrotherapy</td>
</tr>
<tr>
<td>Enterostomal Therapy Consult (Consult Enterostomal Therapy)</td>
<td>T;N, Special Instructions: special bed request</td>
</tr>
<tr>
<td>Physician Consult (Consult MD)</td>
<td>T;N, Reason for Consult: Evaluation wound</td>
</tr>
<tr>
<td>Dietitian Consult (Consult Clinical Dietitian)</td>
<td>T;N, Routine, Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment</td>
</tr>
</tbody>
</table>

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**Date** ______________  **Time** ______________  **Physician's Signature** ______________  **MD Number** ______________

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CROSS Wound Care Admit - 22006 -QM1008  
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