attach patient label here

Methodist Le Bonheur Healthcare

ADULT

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:		[ ] No known 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

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	Diagnostic Tests	
[ ]	NM Bone/Jt Imag 3 Phase Study	T;N, Routine, Stretcher
[ ]	US Ext Art Physiolog Mult Lvls/Provocat	T;N, Routine, Stretcher
[ ]	US Ext Lower Ven Doppler W Compress Bil	T;N, Routine, Stretcher
[ ]	US Ext Lower Ven Doppler W Compress LT	T;N, Routine, Stretcher
[ ]	US Ext Lower Ven Doppler W Compress RT	T;N, Routine, Stretcher
[ ]	Electrocardiogram (EKG)	Start at: T;N, Priority: Routine
	Consults/Notifications	
[ ]	Physical Therapy Wound Eval & Tx (PT Wound Eval & Tx)	T;N, Routine, Special Instructions: wound hydrotherapy
[ ]	Enterostomal Therapy Consult (Consult Enterostomal Therapy)	T;N, Special Instructions: special bed request
[ ]	Physician Consult (Consult MD)	T;N, Reason for Consult: Evaluation wound
[ ]	Dietitian Consult (Consult Clinical Dietitian)	T;N, Routine, Type of Consult: Other, please specify, Special Instructions: Nutrition Assessment

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