Wound Care & Hyperbaric Medicine

Wound Care Orders

Diagnosis: _______________________________________________________________

**Nursing Services:** WCC Nursing wound care services to include wound assessment, evaluation, management and instruction in wound care...

**Treatment Orders:**

Wound Locations(s):

Clinic Frequency: Daily Weekly Every ___ days ______ Time per week Every M W F TODAY

Selective Debridement Services: Conservative Sharp Debridement Pulse Lavage

Non-Selective Wound Debridement: Blunt Mechanical Autolytic Enzymatic

WoundVac Negative Pressure Therapy: 125mmHg/150mmHg Intermittent / Continuous low / medium / high

Compression: UnnaBoot Profore Coban Double Tubigrip Ace Compression Hose Coban Lite Coban 2

Wound Cleansing: Sterile NS Wound Cleanser Hibiclens Betadine Other

Wound Irrigation: Sterile NS Dakin’s Solution Acetic Acid 0.25% Other_____________________

Apply Ointment to Wound Bed: Mupirocin Triple Antibiotic Collagenase Other______________________

**Dress / Apply / Pack:**

- NS Wet to Moist
- Strip gauze (plain, iodoform) (1/4" , 1/2")
- Hydrogel / Saf-gel / Silvergel
- Calcium alginate
- Puracol Plus / Promogram / Collagen Dressing
- Puracol Plus AG / Prisma / Collagen with Silver
- MeSalt
- Aquacel AG / Silvercel / Alginile with Silver
- Mepitel / Contact layer
- VAC Black Granufoam
- VAC White Foam
- Other:

**Cover:**

- Gauze dressing (4X4s, 2X2s)
- Vaseline gauze
- Xeroform gauze
- Mepelix / Border gauze dressing
- Stretch Net
- Kerlix / gauze wrap
- Conforming gauze
- Soft roll / cast padding
- ABD / Bulky dressing
- Duoderm Thin / Hydrocolloid
- Tegaderm / Transparent film / Vac Drape
- Other:

**PeriWound Care:**

- Skin prep
- Cavilon Spray Barrier
- Physical Barrier

- Skin Care: A&D Ointment Lambs Wool
- Tape: Paper Mefix Mepitac Transpore Foam Other

**Foot Care:**

- Trim / reduce nails Pare/reduce callus Pad callus

**Schedule Diagnostics:**

- Radiology / Imaging Vascular Studies TCOMS Other:

**Facilitate Labs:**

- Wound Culture Hemoglobin A1C PreAlbumin Vitamin D Other:

**Prepare and Assist:**

- Surgical Debridement I&D Graft Application Biopsy Cast Other:

**Facilitate Supplies and DME:**

- Wound Care Supplies Heel Protectors Wedges / Pillows Roho Mattress System: 1 2 3 Post-op Shoe Orthopedic Shoe Multi-podus Boot Other:

**Additional Orders:**

**Return to Clinic:**

**Discharge:**

Home Care Instructions Follow-up with Primary Care Physician

Nurse Signature: ________________________________ Time: _______________ Date: _______________

Physician Signature: ________________________________ Time: _______________ Date: _______________