

✓	SKIN TREATMENT AND PRESSURE ULCER ORDER SET STAGE III & STAGE IV (REVIEW SKIN BUNDLE ON SKIN CARE TAB)	ROOM NO.
ALLERGIES (list reactions): _____		HT _____ (Cm) WT _____ (Kg)
A <input checked="" type="checkbox"/> indicates a selected order. If a defaulted order is not appropriate or there is a change to an order, draw a line through the order and initial.		
<input type="checkbox"/> STAGE III & IV		
Wound Site(s): _____		<input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV
Equipment: <input type="checkbox"/> Prevalon boot to affected heel(s)- alternate 1 boot Q 2 Hrs if both heels affected <input checked="" type="checkbox"/> Low Air Loss bed- refer to Bed Algorithm) <input type="checkbox"/> Sof-care chair cushion if patient sitting in chair		
Nursing: <input checked="" type="checkbox"/> Incontinence care Prn <input checked="" type="checkbox"/> Reposition patient Q 2 Hrs <input type="checkbox"/> Cleanse wound with NS irrigation solution and pack wet to dry; change daily <input type="checkbox"/> Cleanse wound with NS irrigation solution and pack wet to moist; change daily <input type="checkbox"/> Cleanse wound with NS irrigation solution and line wound bed with Calcium Alginate; moisten with NS irrigation solutions if needed; cover with secondary dressing; change daily. <input type="checkbox"/> If minor moisture present, cleanse wound with NS irrigation solution and dry, apply hydrocolloid dressing (Duoderm); change Q 3 days & Prn. <input type="checkbox"/> If excessive moisture present, cleanse wound with NS irrigation solution and dry, apply foam dressing (Allevyn); change Q 3 days & Prn <input checked="" type="checkbox"/> Enterstomal Therapy Consult; reason: <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Specialty bed evaluation <input checked="" type="checkbox"/> Nutrition consult; reason: <input type="checkbox"/> Stage III <input type="checkbox"/> Stage IV <input type="checkbox"/> Braden scale of 18 or less <input type="checkbox"/> Braden scale Nutrition subscale of 2 or less		
Labs(*) : <input checked="" type="checkbox"/> Serum Prealbumin (PREA) <input type="checkbox"/> Serum Hemoglobin (HMG) <input type="checkbox"/> C-reactive protein (CRP) <input type="checkbox"/> Hemoglobin A1C, if patient is diabetic (A1C) <input type="checkbox"/> Other: _____		
12-hour Chart Check _____		RN DATE: ____ / ____ / ____ TIME: _____
T.O. _____		Taken by: _____ / ____ / ____, TIME: _____
TRANSCRIBED BY: _____ / ____ / ____, TIME: _____		NOTED BY: _____ / ____ / ____, TIME: _____
PHYSICIAN SIGNATURE: _____		DATE: _____ TIME: _____
PRINTED NAME/ID#: _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)	



SKIN TREATMENT AND PRESSURE ULCER ORDER SET
 STAGE III & STAGE IV
 (REVIEW SKIN BUNDLE ON SKIN CARE TAB)

PATIENT ID