

✓	SKIN TREATMENT AND PREVENTION ORDER SET SKIN TEARS & ABRASIONS (REVIEW SKIN BUNDLE ON SKIN CARE TAB)	ROOM NO.
<b>ALLERGIES (list reactions):</b> _____		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"/> <b>SKIN TEARS</b> <b>Wound Site(s):</b> _____  <b>Equipment:</b> <input type="checkbox"/> Air mattress overlay (do not use for Hill-Rom Versacare or Total Care Sport beds) for frail/fragile skin  <b>Nursing:</b> <input checked="" type="checkbox"/> If transparent dressing has been applied <b>DO NOT REMOVE</b> . Trim edges as they loosen <input checked="" type="checkbox"/> Approximate wound edges with steri strips if possible. Cleanse with NS irrigation solution and dry, cover with xerofoam or vaseline gauze cut to size, then wrap with Kerlix or stretch gauze and secure with paper tape. <b>NO TAPE</b> on patient skin. Change dressing daily and Prn. May use NS irrigation solution to moisten dressing for easier removal. <input type="checkbox"/> Foam (Allevyn). <b>Use on buttocks or coccyx area or areas that cannot be wrapped ONLY</b> <input type="checkbox"/> Leave area open to air if dry, assess Q shift; notify Enterstomal Therapist (ET)/Certified Wound, Ostomy, Continence Nurse (CWO CN) if status worsens. <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>ABRASIONS</b> <b>Wound Site(s):</b> _____  <b>Equipment:</b> <input type="checkbox"/> Air mattress overlay (do not use for Hill-Rom Versacare or Total Care Sport beds) for frail/fragile skin  <b>Nursing:</b> <input type="checkbox"/> If excessive moisture present, cleanse with NS irrigation solution and dry, apply foam dressing (Allevyn). Change Q 3 days and Prn. <input type="checkbox"/> Leave area open to air if dry, assess every shift; notify Enterstomal Therapist (ET)/Certified Wound, Ostomy, Continence Nurse (CWO CN) if status worsens. <input type="checkbox"/> May cover area with transparent dressing if dry; trim edges as they loosen, <b>DO NOT</b> remove once in place. <input type="checkbox"/> Other: _____		
<b>12-hour Chart Check</b> _____ <b>RN</b> <b>DATE:</b> ____ / ____ / ____ <b>TIME:</b> _____		
<b>T.O.</b> _____ <b>Taken by:</b> _____ / ____ / ____, <b>TIME:</b> _____		
<b>TRANSCRIBED BY:</b> _____ / ____ / ____, <b>TIME:</b> _____ <b>NOTED BY:</b> _____ / ____ / ____, <b>TIME:</b> _____		
<b>PHYSICIAN SIGNATURE:</b> _____ <b>DATE:</b> _____ <b>TIME:</b> _____		
<b>PRINTED NAME/ID#:</b> _____	(COUNTER-SIGN ALL T.O. ORDERS WITHIN 48 HOURS, AND INCLUDE THE DATE/TIME AUTHENTICATED)	



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PATIENT ID