

WOUND CARE ORDER

PT Name: _____ DOB: _____ DX: _____

TYPE OF WOUND: _____

SITE OF CARE: _____

INSTRUCTIONS: _____

- Clean : _____ Cover with: _____
- Irrigate with: _____ Secure with: _____
- Apply: _____ Frequency: _____
- Pack with: _____
- If followed by Wound Care Clinic: Facility: _____
Phone: _____

INSTRUCTIONS:

- SN for Negative Pressure Wound Therapy (NPWT) to: _____
- SN frequency: _____ + _____ PRN for wound complications or Vac Malfunction.
- Cleanse/ Irrigate wound with wound cleanser of NS.
- May apply skin sealant (i.e. skin prep) to perimeter wound and/or drape and/or hydrocolloid.
- May use stoma paste or similar product to help seal.
- Cut black form to fill wound bed. White foam to tunnels or deep undermining. Cover drape, cut small hole for track pad and apply pad. Secure.
- Set vacuum at 75/ 125/ 150 or _____ mmHg.
- Set to Continuous/ Intermittent – may change to intermittent if pain, if drainage minimal, and patient can tolerate
- Change 3 times a week and PRN, dislodgement, or malfunction.
- Change canister every week and PRN filling. Teach patient/ caregiver to change canister.
- May use wet or dry dressing; use sterile NS and gauze, PRN Vac Malfunction or therapeutic pause. Change every day. Teach patient/ caregiver to change wet to dry dressing.

Print Ordering Physician Name: _____

Phone: _____

PHYSICIAN SIGNATURE: _____

DATE: _____ **TIME:** _____