WOUND CARE ORDERS

Wound Care is to be performed by (circle one): Primary Nurse/WOCN/PT

Location of the Wound: ________________________________

PREVENTION
  o Initiate the Pressure Ulcer Protocol for Braden Score of 17 or less
  o Elevate heels off bed

TREATMENT
  o Change the dressing: Daily/Twice Daily/Other: ____________

STEP ONE - CLEANSE THE WOUND WITH:
  o Sodium chloride 0.9% (normal saline) 1000 ml for irrigation
  o Other: ________________________________

STEP TWO: APPLY TO THE PERIWOUND SKIN AREA AND ALLOW TO DRY
  o Skin protectant (Coloplast) apply a thin layer extending 1-2 inches around wound bed
  o Skin protectant (Cavilon No Sting Barrier Film) apply a light spray extending 1-2 inches around wound bed
  o Skin protectant (Cavilon Durable Barrier Cream) apply a thin layer extending 1-2 inches around wound bed
  o Other: ________________________________

STEP THREE: APPLY TO THE WOUND BED
  o Step three is not applicable, proceed to Step Four
  o Papain 1.1 million units per gram/Urea 100 mg per gram (Ethzyme) 30 gram tube; apply a thin layer to the wound bed to debride necrotic tissue.
  o Hydrogel (Tegagel) wound filler product; work the gel into a gauze pad moistened with Sodium Chloride 0.9% (normal saline) as needed to keep the wound moist.
  o ________(quantity) Calcium Alginate dressing (Tegagen)_______(size) to keep wound moist
  o ________(quantity) Petroleum impregnated non-adhering dressing (Adaptic)______(size) to keep wound moist
  o ______(quantity) Petroleum impregnated gauze (Vaseline)______(size) to keep wound moist
  o ______(quantity) Bismuth tribromophenate 3%/Petroleum impregnated gauze patch dressing (Xeroform)______(size) to keep wound moist
  o Plain gauze dressing strips (Nu-Gauze) _______(size); loosely fill the wound depth
  o Other: ________________________________

STEP FOUR: COVER WITH:
  o Step Four is not applicable, proceed to Step Five
  o Foam dressing (Foam Adhesive Dressing by 3M) ____________(size)
  o Hydrocolloid dressing (Tegasorb)_______(shape)
  o ______(quantity) Abdominal pad (Tendersorb or ABD)
  o ______(quantity) 4 X 4 gauze sponge
  o ______(quantity) Transparent film dressing (Tegaderm) ____ (size)
  o ______(quantity) Gauze roll (Kerlix or Kling)
  o Other: ________________________________

STEP FIVE: SECURE WITH:
  o Step Five is not applicable; proceed to Step Six
  o Tubular gauze (Spandage) ____________________(size and length)
  o Tape: ____________________ (Type)

STEP SIX: SUPPORT SURFACE
  o Step Six is not applicable
  o Low air loss overlay mattress topper (First Step Select)
  o Bariatric low air loss mattress (BariAire)
  o Other: ________________________________

SIGNATURES:
  WOCN: ________________________________
  PHYSICAL THERAPIST: ________________________________
  PHYSICIAN: ________________________________