### PHYSICIAN ORDERS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Weight</th>
<th>Allergies</th>
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<tbody>
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<td>[ ]</td>
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Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

#### ORDER DETAILS

### Patient Care

- **Please order under Dr. J. Griswold MD and use STANDING DELEGATION when you order this plan.**

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - [ ] Cleanse all wounds with normal saline or Dermal Wound Cleanser

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - [ ] Apply SKIN PREP to periwound skin PRN, as needed for wound care

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - [ ] Hydrocellular foam dressing may be applied for prevention of pressure injuries to heels/elbows and ears for nasal cannulas

### Treatment Location

#### Skin Intact

- **Notify Nurse (DO NOT USE FOR MEDS)**
  - [ ] Relieve pressure, shear, and friction. Monitor closely.

- **Apply Hydrocellular Foam Dressing**
  - [ ] To: Affected area, for protection.

#### Skin Open

- **Wound Evaluation by Skin Care Services**

- **Mucosal Wound**

  - *** For Nares or Lips Only ***

  - **emollients, topical (Aquaphor topical ointment)**
    - [ ] 1 app, topical, oint, TID, PRN wound care, For Nares or Lips Only
    - For nares or lips ONLY
      - Per Deep Tissue Injury OR Indeterminable (Mucosal) Wound Care Standing Delegation Order

  - Continued on next page....

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**TO Read Back**

Order Taken by Signature: ___________________________________________________  Date __________________ Time __________________

Physician Signature: ___________________________________________________ Date __________________ Time __________________
<table>
<thead>
<tr>
<th>ORDER</th>
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<tr>
<td>Other Mucosal Areas</td>
<td>Wound Evaluation by Skin Care Services</td>
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Physician Signature: ________________________________  Date: ______________  Time: ______________

Order Taken by Signature: ________________________________  Date: ______________  Time: ______________