

DENUDED SKIN FOLDS AND/OR FUNGAL YEAST INFECTION WOUND CARE SDO - DR. J. GRISWOLD

PHYSICIAN ORDERS

Diagnosis _____

Weight _____ Allergies _____

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 ORDER DETAILS

Patient Care

Please order under Dr. J. Griswold and use STANDING DELEGATION per policy PC-46.5 and WI-319.0.

Treatment Location

Intact Skin Fold Treatment

Apply Cleansing Spray (Cleanse w/ Cleansing Spray)

To: Skin Folds, PRN, then apply Dry Absorbent Sheets

Apply Dry Absorbent Sheets (Insert Dry Absorbent Sheets)

To: Skin Folds, Daily, Change daily and PRN

Denuded Skin Fold Treatment

Apply Cleansing Spray (Cleanse w/ Cleansing Spray)

To: Skin Folds, BID, and PRN, then apply Dri-Go Sheet

Apply Dri-Go Sheet (Insert Dri-Go Sheet)

To: Skin Folds, Change every 5 days and PRN

Fungal/Yeast Infection

Apply Cleansing Spray (Cleanse w/ Cleansing Spray)

To: Skin Folds, BID, and PRN, then apply antifungal topical powder

nystatin topical (nystatin 100,000 units/g topical powder)

1 app, topical, powder, as needed, PRN skin care, to Skin Folds
Per Denuded and/or Fungal Yeast Infection Wound Care Standing Delegation Order

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ Signature on file _____ Date _____ Time _____

