

INCONTINENCE ASSOCIATED DERMATITIS (IAD) 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

Prevention- Skin Intact

Use 4 in 1 Wipe

To: affected area, Do NOT use for foley care

Apply Cleansing Spray (Cleanse w/ Cleansing Spray)

To: affected area, Use after each incontinent episode and then apply Barrier Cream

Apply Barrier Cream

To: affected area, Reapply after each incontinent episode

Treatment-Skin Intact or Open

Use 4 in 1 Wipe

To: affected area, Do NOT use for foley care

Apply Cleansing Spray (Cleanse w/ Cleansing Spray)

To: affected area, use after each incontinent episode and then apply zinc oxide

zinc oxide topical (zinc oxide 20% topical paste)

1 app, topical, paste, as needed, PRN skin care
To Affected Area.

Ordered via Incontinence Associated Dermatitis (IAD) SDO - Dr. J. Griswold MD Standing Delegated Order.

TO Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: _____ Date _____ Time _____

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

