UMC Health System

MUCOSAL PRESSURE INJURY WOUND CARE SDO - DR. J. GRISWOLD

Patient Label Here

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
	Lips or Nares
	emollients, topical (Aquaphor topical ointment) ☐ 1 app, topical, oint, as needed, PRN wound care, to mucosal injury on lips or nares Per Mucosal Pressure Injury Wound Care Standing Delegation Order
	Tongue/Oral Mucosa
	chlorhexidine topical (chlorhexidine 0.12% mucous membrane liquid) ☐ 15 mL, swish & spit, mouthwash, q4h, x 30 days Per Mucosal Pressure Injury Wound Care Standing Delegation Order
	nystatin (nystatin 100,000 units/mL oral suspension) ☐ 5 mL, swish &swallow, liq, 4x/day, x 30 days Per Mucosal Pressure Injury Wound Care Standing Delegation Order
	Penile or Urethral
	Notify Nurse (DO NOT USE FOR MEDS) ☐ Relieve pressure, shear, and friction. Monitor closely.
	Anus
	zinc oxide topical (zinc oxide 20% topical ointment) ☐ 1 app, topical, oint, as needed, PRN wound care, to mucosal injury on anus Per Mucosal Pressure Injury Wound Care Standing Delegation Order
	Other Mucosal Areas
	Wound Evaluation and Treatment by PT Bur (Wound Evaluation and Treatment by PT Burn Wound/Skin Care Services) ☐ Skin Care/Ostomy Services

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____Signature on file_____ **Date** _____ **Time** _____

1201