

<p><b>UMC Health System</b></p> <p>STAGE 1 WOUND CARE SDO - DR. J. GRISWOLD</p>	<p>Patient Label Here</p>
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**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.

**Apply Barrier Cream**  
 To: Stage 1 Pressure Injury, Daily, Reapply Daily and PRN

**Notify Nurse (DO NOT USE FOR MEDS)**  
 Effective off loading to Stage 1 Pressure Injury

**Treatment Location**

**High Friction**

**Apply Hydrocellular Foam Dressing**  
 To: Stage 1 Pressure Injury, for protection/prevention

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TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Physician Signature on File \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_