Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.

WOUND CARE - ADULT, OUTPATIENT, INFUSION CENTER

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Defaults for orders not otherwise specified below:

- Interval: Once
- Interval: Every _____ day(s)

Duration:
- Until date: __________
- 1 year
- _____ # of Treatments

Anticipated Infusion Date ____________ ICD 10 Code with Description

Height ____________ (cm) Weight ____________ (kg) Allergies __________________________

Provider Specialty
- Allergy/Immunology
- Infectious Disease
- Cardiology
- Internal Med/Family Practice
- Gastroenterology
- Nephrology
- Genetics
- Neurology
- Site of Service
- SH Gerber
- SH Lemmen Holton (GR)
- SH Helen DeVos (GR)
- SH Ludington
- SH Pennock
- SH Reed City
- SH United Memorial
- SH Zeeland

Appointment Requests

☑ Infusion Appointment Request
Status: Future, Expected: S, Expires: S+365, Sched. Tolerance: Schedule appointment at most 3 days before or at most 3 days after, Wound Care appointment

Procedure

☑ **SIGN ORDER** for Prior Auth (**DO NOT RELEASE**) Therapy Plan Order
Other, Once, Starting S, For 1 Doses
This order must be selected and signed to generate and send a referral to the designated Therapy Plan Treatment Department.

Nursing Orders

☑ Wound Care

Anatomical Area:
- Coccyx
- Sacrum
- Foot
- Heel
- Leg
- Other: __________________________

Laterality:
- Left
- Right
- Posterior
- Other: __________________________
Cleansing:
- Soap & Water
- Warm Sterile 0.9% Normal Saline
- Wound Cleanser
- Peroxide Hydrogen 3%, 4 oz
- Other: ____________________________

Peri-skin Wound Care: ____________________________

Primary Wound Dressing: ____________________________

Secondary Wound Dressing: ____________________________

Dressing Change Type:
- Clean
- Sterile

Affixation: ____________________________

NOTE: Unless Order is written DAW (dispense as written), medication may be supplied which is a generic equivalent by nonproprietary name.

Telephone order/Verbal order documented and read-back completed. Practitioner's initials ____________