



**Mangum Regional
Medical Center**
Wound Care Orders

Patient Name: _____ Date: ____/____/____ Time: _____

Check all boxes as appropriate

INTERVENTIONS:

- Wound Care Consult if any of the following are present:
 - Fever > 100.4
 - Chills
 - Redness, swelling, or warmth to wound site
 - Foul smelling
 - Moderate or large amount of purulent or sanguineous drainage
 - Pressure Ulcer Stage II or greater
 - Any opening in the skin
 - Non blanchable areas of the skin
- Dietary Consult if any of the following are present:
 - Pressure Ulcer Stage II or greater
 - Non-healing surgical wound
 - Chronic non-healing wounds
- Low Air Loss Mattress
- Turn every 2 hours or more frequently as needed

MEDICATIONS:

- Vitamin C 500mg PO Daily
- Zinc Oxide 220mg PO Daily at 1800
- Multivitamin 1 (one) tab PO Daily

LABS

- Prealbumin on Admit and weekly on Monday for all wound patients
- Aerobic and Anerobic wound culture if wound is open and draining



WOUND CARE:

Clean wound with wound cleanser, pat dry. Apply Maxorb to wound. Cover with gauze dressing. Change dressing on Tuesday and Friday and prn if loose or soiled.

If patient allergic to Acticoat or Silver, apply medihoney to wound. Cover with gauze dressing. Change dressing on Tuesday and Friday and prn if loose or soiled.

Nurse Signature: _____ Date: ___/___/___ Time: _____

Physician Signature: _____ Date: ___/___/___ Time: _____