Adventist Health
Tillamook

Physician Order
Wound Care

GENERIC SUBSTITUTE UNLESS CHECKED ☐

ORDERS ARE IN EFFECT UNLESS CROSSED OUT.
Exceptions: Orders preceded by a box (☐) require a ✓ to initiate order.
Orders with blanks indicate additional information is needed.

*Date ____________

*Time ____________

***Patient name:** ______________________________ ***DOB:** ______________

***Diagnosis and ICD-10 code:** ______________________________

Allergies: ______________________________

Outpatient admit: ☐ Series ☐ One time

Code status: ☐ Full code ☐ DNR ☐ Medications only ☐ Other (specify) ______________

Vital signs: ☐ Per protocol ☐ Other (specify)

Lab draws: ☐ CBC ☐ CMP ☐ CRP ☐ PT ☐ ESR ☐ Albumin ☐ A1C
☐ Other (specify) ______________________________

Vascular access: ☐ Port ☐ PICC ☐ CVC ☐ Start SL

Frequency of lab test(s): ☐ One-time order ☐ Weekly ☐ Twice monthly ☐ Monthly
☐ Other (specify) ______________________________

Collect wound cultures as needed and fax results to: ______________________________

Please have patient evaluated and treated by wound care RN

Additional orders: ______________________________

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______________________________ ______________ ______________
*Physician signature *Date *Time

***Denotes field that must be completed by healthcare worker** **FAX order form to 503-815-7515**

{ Patient label }

Physician Order

Physician Order: Wound Care
Adventist Health Tillamook
1000 Third St., Tillamook OR 97141

070-00601 04/24