

REGIONAL MEDICAL CENTER

ALLERGIES _____

DATE/ TIME	Pressure Ulcer Prevention & Treatment PATHWAY Doctor's Orders	INITIALS															
	<p>1. Initiate Pressure Ulcer Prevention and Treatment Pathway</p> <p>2. CONSULTS: <input type="checkbox"/> Dietitian- Nutritional Assessment <input type="checkbox"/> ET NURSE- ext. 7132</p> <p>3. LABS: <input type="checkbox"/> CBC <input type="checkbox"/> Pre Albumin <input type="checkbox"/> Transferrin <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> Electrolytes</p> <p>4. MEDICATIONS: (discontinue all previous multivitamin orders)</p> <p><input type="checkbox"/> <u>If patient taking PO then:</u> Theragran-M 1 tablet PO every day -plus- Ascorbic Acid (Vitamin C) 500 mg PO at dinner</p> <p><input type="checkbox"/> <u>If patient NOT taking PO then:</u> Vitament 1 packet via tube BID (adjust to daily if CrCl < 30ml/min)</p> <p><input type="checkbox"/> <u>Renal patients (on dialysis):</u> Nephrovite 1 tablet PO every day</p> <p>5. ACTIVITY: • Turn every 2 hours while in bed • Provide assistive devices (i.e. trapeze) PRN • Active & Passive ROM with position changes • Shift patients weight every 1 hour while in chair</p> <p>6. Skin Assessment & Pressure Ulcer Risk Assessment every day</p> <p>7. TREATMENT:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">PREVENTION</th> <th style="width:20%;">Stage I</th> <th style="width:20%;">Stage II & III</th> <th style="width:20%;">Stage IV</th> <th style="width:20%;">ESCHAR</th> </tr> </thead> <tbody> <tr> <td>Date: _____ Time: _____</td> <td>Date: _____ Time: _____ Site: _____ Site: _____</td> <td>Date: _____ Time: _____ Site: _____ Site: _____</td> <td>Date: _____ Time: _____ Site: _____ Site: _____</td> <td>Date: _____ Time: _____ Site: _____ Site: _____</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Elevate heels off of bed • Use lifting devices when repositioning • Maintain HOB<30° except for meals & medications • No paper products (diapers, tripeds) on bed Use reusable underpad only for incontinence. • Static Air Mattress on bed; perform hand check every shift; add air prn • Static Air seat cushion when OOB in chair </td> <td> <ul style="list-style-type: none"> • Cleanse wound with NSS. • Apply thin layer Saf-Gel TID. • Fan dry. • Static Air Mattress hand check every shift, Add air PRN • Static Air Seat cushion when OOB in chair • Avoid massage to bony prominences & reddened areas. • Cont. all treatments outlined in prevention phase </td> <td> <ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Cleanse wound with NSS • Duoderm Signal • Change dressing every 3 days PRN for leakage • Static Air Mattress or Flexicare bed if multiple ulcers on more than one turning surface • Static Air Seat cushion when OOB in chair • Cont. all treatments outlined in prevention phase </td> <td> <ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Irrigate wound with NSS • Apply moist saline dressing • Loosely pack wound & dead space • Cover with dry sterile dressing • Change BID • Static Air Seat cushion when OOB in chair • Flexicare or • Cliniron Therapy • Cont. all treatments outlined in prevention phase </td> <td> <ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Cleanse wound with NSS • Dry sterile dressing until seen by MD • Static Air Seat cushion when OOB in chair • Flexicare or • Cliniron Therapy • Cont. all treatments outlined in prevention phase </td> </tr> </tbody> </table>	PREVENTION	Stage I	Stage II & III	Stage IV	ESCHAR	Date: _____ Time: _____	Date: _____ Time: _____ Site: _____ Site: _____	Date: _____ Time: _____ Site: _____ Site: _____	Date: _____ Time: _____ Site: _____ Site: _____	Date: _____ Time: _____ Site: _____ Site: _____	<ul style="list-style-type: none"> • Elevate heels off of bed • Use lifting devices when repositioning • Maintain HOB<30° except for meals & medications • No paper products (diapers, tripeds) on bed Use reusable underpad only for incontinence. • Static Air Mattress on bed; perform hand check every shift; add air prn • Static Air seat cushion when OOB in chair 	<ul style="list-style-type: none"> • Cleanse wound with NSS. • Apply thin layer Saf-Gel TID. • Fan dry. • Static Air Mattress hand check every shift, Add air PRN • Static Air Seat cushion when OOB in chair • Avoid massage to bony prominences & reddened areas. • Cont. all treatments outlined in prevention phase 	<ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Cleanse wound with NSS • Duoderm Signal • Change dressing every 3 days PRN for leakage • Static Air Mattress or Flexicare bed if multiple ulcers on more than one turning surface • Static Air Seat cushion when OOB in chair • Cont. all treatments outlined in prevention phase 	<ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Irrigate wound with NSS • Apply moist saline dressing • Loosely pack wound & dead space • Cover with dry sterile dressing • Change BID • Static Air Seat cushion when OOB in chair • Flexicare or • Cliniron Therapy • Cont. all treatments outlined in prevention phase 	<ul style="list-style-type: none"> • Notify MD • Avoid pressure to affected area • Cleanse wound with NSS • Dry sterile dressing until seen by MD • Static Air Seat cushion when OOB in chair • Flexicare or • Cliniron Therapy • Cont. all treatments outlined in prevention phase 	
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201