LOWER UMPQUA HOSPITAL
OUTPATIENT NURSING DEPARTMENT
600 Ranch Road, Reedsport, OR 97467
Phone: (541) 271-2163 | **Fax:** (541) 271-5433

WOUND CARE ORDERS

Patient Name _____ **DOB** _____

Patient Phone # _____ **Patient Weight (Kg)** _____ **Patient Height (cm):** _____

Patient Allergies _____

Provider _____ **NPI#** _____

ICD-10 Code (REQUIRED) _____ **J Code** _____

Primary Diagnosis _____

Secondary Diagnosis _____

INSTRUCTIONS TO PROVIDER:

- *This treatment plan will expire **after 365 days**, at which time new orders will need to be placed.*

WOUND CARE ORDERS:

☐ Evaluate and apply **wound dressing** treatment relevant to wound as needed until wound is closed or needs further medical attention.

- **Wound Location:** _____
- **Type of Wound:** _____

☐ Evaluate and apply **wound vac** relevant to wound as needed until wound is closed or needs further medical attention.

- **Wound Location:** _____
- **Type of Wound:** _____

☐ Evaluate and apply **placental tissue allograft and/or placental extracellular matric** relevant to wound as needed until wound is closed or needs further medical attention.

- **Wound Location:** _____
- **Type of Wound:** _____

Date _____ Time _____ Provider Signature _____

"Statement of Responsibility of Parties: referring Prescriber agrees that in referring patients to Lower Umpqua Hospital Outpatient Nursing Department, the responsibility for the care related to these Outpatient Nursing Therapy Plan orders, as well as administration of any 340B drugs, remains with Lower Umpqua Hospital."

Patient Label