

# Wound Care Order

## Outpatient Order



### PATIENT INFORMATION

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
MRN: \_\_\_\_\_

### REFERRING PHYSICIAN

Physician name: \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### SERVICES REQUESTED

Wound care evaluation with follow-up treatment      Diagnosis code: \_\_\_\_\_

### PATIENT HISTORY

Wound location:  Foot  Leg  Left  Right  Other: \_\_\_\_\_  
Chief complaint: \_\_\_\_\_  
When & how wound acquired: \_\_\_\_\_  
Does patient have diabetes? \_\_\_\_\_

### WOUND TREATMENT HISTORY

<input type="checkbox"/> Surgical Procedure	Date: _____	<input type="checkbox"/> Dermatology	Date: _____
<input type="checkbox"/> Antibiotics	Date: _____	<input type="checkbox"/> Compression Therapy	Date: _____
<input type="checkbox"/> Infectious Diseases	Date: _____	<input type="checkbox"/> Vascular	Date: _____
		<input type="checkbox"/> Podiatry	Date: _____

### PLEASE FAX OR SEND ANY OF THE FOLLOWING INFORMATION

- History and physical
- Pathology report
- EKG
- Operative report
- Vascular assessment
- Arterial or vascular study results
- Cultures
- Labs (cbc/sed rate/hgb a1c/CMP/CRP/Pre-albumin)
- List of medications, if applicable (*as known by office*)
- Radiology (X-ray/bone scan/chest X-ray)

### ORDER

- Referral to SH Advanced Wound Care Center (*sharp debridement available*)
- Referral may be sent to Salem Hospital Nurse Wound Care Center for wound care by RN's until patient can establish care with a provider.
    - If you do not wish for your patient to be evaluated by the RN first, please check here with the understanding that there may be a delay in patients care.
- Referral to West Valley Wound Care Center
- Referral may be sent to West Valley Hospital Wound & Infusion Clinic for wound care by RN's until patient can establish care with a provider.
    - If you do not wish for your patient to be evaluated by the RN first, please check here with the understanding that there may be a delay in patients care.

Please note, urgent/emergent referrals require provider to provider contact. Call appropriate clinic (*numbers are listed below*).

- Initiate wound care per protocol, including compression as needed
- Obtain arterial physiologic studies or venous insufficiency studies as indicated
- Obtain wound cultures as indicated

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**salemhealth.org**

**Advanced Wound Care**

Phone: 503-814-1472  
Fax: 503-814-1465  
Address: 875 Oak St SE, Building C, 1st Floor  
Salem, OR 97301

**West Valley Hospital Wound & Infusion**

Phone: 503-831-3450  
Fax: 503-831-3484  
Address: 525 SE Washington St.  
Dallas, OR 97338