



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA- Pressure Injury Prevention and Management Order Set

PART A

Open Box () is activated when checked by MD or Nurse
 Checked Box () indicates an Order unless crossed out and initialed by MD

Criteria met for implementation of order set (Nursing to indicate with "✓")

Braden score 18 or less

And/or

Pressure injury stages

Stage 1 Stage 2 Stage 3 Stage 4 Indeterminable

Location of pressure injury(s): _____

Date of Implementation: _____ (DD/MM/YY) Time _____ AM PM

Nurse's Name _____ Nurse's signature _____

Consults (Nurse to order consults as required for patient)

- Registered Dietitian
- Physiotherapist
- Occupational Therapist
- CCAC (**only if CCAC to see patient before discharge*)

(For wound care questions contact Southwest Regional Wound Care Program at <http://swrwoundcareprogram.ca/AskExpert>)

Repositioning and pressure redistribution intervention as per HPHA Pressure Injury Protocol

Wound Care

- Dressings as per HPHA Pressure Injury Treatment Protocol
- Dressings as per Physician Orders

Weight

Weekly, q Monday

PART B

Lab Investigations (To be ordered by Registered Dietitian)

CBC Lytes BUN Creat Alb Ca++ Mg++ PO4³⁻ Random Blood Glucose

Other: _____

Nutrition Supplements

Multivitamin with Minerals one tablet PO once daily – Registered Dietitian to review and may change multivitamin with mineral order. Registered Dietitian to write a new order if a change is required.

Date: _____ (DD/MM/YY) Time _____ AM PM

Name of RD _____ Signature of RD _____

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Processed by:		Date & Time		Reviewed by:		Date & Time	
Practitioner Printed Name		Practitioner Signature		Date		Time	