



UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

Patient Name: _____

Date of Birth: _____

PHYSICIAN'S ADULT ORDER SHEET

Mark X in box for priority order

FORMULARY EQUIVALENT WILL BE DISPENSED
UNLESS NON-FORMULARY DRUG REQUEST COMPLETED

(Page 1 of 1)

INSTRUCTIONS: 1. Check if appropriate 2. Sign bottom of each page 3. Use ball point pen 4. FAX TO 702-383-3815

OUTPATIENT BURN CARE CLINIC ORDERS

ALLERGIES: _____

Status: Outpatient Burn Clinic

1. Admitting Physician _____ House Staff _____

2. Diagnosis: _____

Circle one of the following Diagnosis must be specific with site noted:

BURN DEGREE: 1st 2ND 3RD Percentage % _____ TBSA

SITE: _____

TYPE OF ULCER: DECUBITUS PRESSURE ULCER DIABETIC VENOUS STASIS

SITE: _____

OSTEOMYELITIS: CHRONIC REFRACTORY ACUTE NON SPECIFIED MRSA MSSA

SITE: _____

WOUNDS: SURGICAL NON SURGICAL

SITE: _____

AMPUTATION: CURRENT/COMPLICATION OLD (ALREADY HEALED)

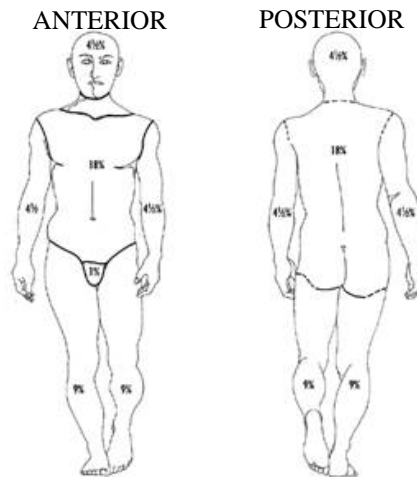
3. Cleanse and debride wounds:

Apply topical as per routine (choose one):

- a. Silver Sulfadiazine to _____
- b. Santyl to _____
- c. Gentamycin to _____
- d. Zinc Oxide to lips
- e. Sulfamylon to _____
- f. Other: _____

4. Patient to be seen in the Outpatient Burn Clinic (choose one):

- a. Every other day
- b. Daily
- c. Other: _____



Pain medication is not dispensed in the outpatient burn unit. We recommend that patients take their pain medication 30 minutes prior to appointment.

T.O. Dr. _____ / _____ RN/RPh Orders Read Back/Verified Date _____ Time _____

Physician's Signature: _____ Date: _____ Time: _____

Printed Name and License # _____