

(place patient label here)

Patient

Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____
Allergies with reaction type: _____

VAC Dressing Change

Version 1 09/05/2012

1. Cleanse/Irrigate the wound with saline
2. Apply No Sting barrier/prep to surrounding intact skin.
3. Picture frame wound with thin duoderm or tegaderm
4. Adaptic to wound base if tendon, muscle, or bone showing
5. Cut sponge as needed and gently pack into wound
 - a. Use white sponge for packing into tunnels
 - b. Note number of sponge pieces on outside of dressing
6. Cover with drape and apply suction foot
7. Hook to suction at _____ Continuous or Intermittant
8. Change dressing every other day
9. Consult Wound Care

Provider Signature: _____ Date: _____ Time: _____