

(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: _____

SO ED Simple Laceration

Version 1 8/18/15

- Activate this Standing Order (SO) by selecting the appropriate provider and using the "Standing Order" order source.

Nursing Orders

- Set up for laceration repair
- Cleanse Wound/ Irrigate Wound with Saline
- Sterile Scrub of Wound after local or topical anesthesia
- Notify provider IF risk of foreign body present for xray orders

Medications

For Finger, Toe, Nose or Ear wounds Select:

lidocaine HCl 1% (XYLOCAINE 1%)

- 1-20 milliliter subcutaneously once Infiltrate wound edges

For all other wounds Select:

lidocaine-EPINEPHrine 1%-1:100,000 injection (XYLOCAINE 1% with EPINEPHrine 1:100,000)

- 1-20 milliliter subcutaneously once Infiltrate wound edges

If tetanus vaccine not current within past 5 years Select:

Tetanus and Diphtheria Tox/Pf

- 0.5 milliliter intramuscularly once

Provider Signature: _____ Date: _____ Time: _____