

# PHYSICIAN'S ORDERS

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND   
CONTENT MAY BE DISPENSED UNLESS CHECKED

Date & Time Ordered	<b>SKIN TEAR ORDERS</b>	PAGE 1 OF 1
------------------------	-------------------------	-------------

Date/ Time  
\_\_\_\_\_

**Skin Tear**

Site: \_\_\_\_\_

Measurement: \_\_\_\_\_ (Length X Width X Depth)

**Nursing Orders:**

Skin tear able to be approximated

**Treatment:**

- "Steri Strips"- apply all in one direction (do not cross or overlap)  
Check every shift for s/s of infection  
And/or
- Cover with "Mepitel" and gauze wrap, change every 3-5 days

**Skin tear unable to be approximated:**

- Apply layer of "Hydrogel", cover with "Mepitel" and gauze wrap
- Add "Hydrogel" daily leaving "Mepitel" in place for 5-7 days. Change gauze wrap PRN.
- Wound photo PRN

Physician Signature \_\_\_\_\_

WPH 226



PATIENT ID