



Medical Order Form

Please ensure information is legible

Name* _____

Address _____

Date of Birth _____ Phone* _____

HCN* _____ v.c. _____

Please note: Home and Community Care Support Services South East will only process completed referrals that have been signed and dated and are legible.

PROCEDURES WILL BE TAUGHT TO PATIENT OR RELIABLE PERSON. THE PATIENT WILL BE REFERRED TO A CLINIC SETTING AS CLINICALLY INDICATED

WOUND: [] Initiate or Continue with Home and Community Care Support Services South East wound Care (based on best practice) protocol. Date of last dressing change _____ Location and Measurements _____ Packing [] Yes [] No Type & Size of Packing: _____ Length inserted: _____

Foley Catheter [] Please see community protocol on back of this page (#1) [] Insert Foley Catheter Size [] #14 [] #16 [] #18 [] coude (Recommended for all male pts) Other _____ [] Latex [] Silicone

INDWELLING CATHETER [] Please see community protocol on back of this page (#2) Insertion Date: _____ Size [] #14 [] #16 [] #18 [] coude (Recommended for all male pts) Other _____ [] Latex [] Silicone

Trial of Void (TOV) [] Yes [] No Please see community protocol on back of this page(#3) Date to begin TOV _____

PLEURX Chest Drainage (#4): Home and Community Care Support Services South East provides PleurX for malignant pleural effusion only Insertion date: _____ [] Lung Drain up to _____ mls _____ times a week

OTHER PROTOCOLS: [] Percutaneous tube (5B) irrigate with _____ mL Normal Saline _____ times a week [] JP drain - remove drain when drainage is less than _____ over 2 consecutive days [] Nephrostomy tube (5A) [] Ostomy Care (6) See reverse for protocols

OTHER MEDICAL ORDERS:

Physician/NP must SIGN and DATE Home and Community Care Support Services South East referral for ALL medical orders indicated

CPSO/CNO #: _____

Physician Name (please print) _____ Signature _____

Date: _____

If delegate, name of attending Physician _____ Telephone#: _____

(Physician) have reviewed the community protocols on the reverse of this form and agree with this procedure or have specified other procedure above

Other Service Needs (for Community MD/NP use only):

[] Physio Degree of [] None [] Partial Weight Bearing: [] Full [] Progression [] O.T. [] Speech [] Dietician [] Social Work Please attach hospital assessment information Height (if walker req) _____ [] Personal Support Service [] Linking to community resources /supports

Notes

Name of Referring Health Professional _____

Date: _____

Telephone #: _____

All Medical orders above will be executed as per Home and Community Care Support Services South East protocols documented on reverse side unless otherwise requested by Referring MD/NP. Fax/forward completed medical orders with Home and Community Care Support Services South East referral Form to 1-866- 839-7299.

COMMUNITY PROTOCOLS APPLICABLE TO ALL ORDERS INDICATED ON FRONT PAGE UNLESS OTHERWISE STATED

The community protocols below are based on Best Practice. It is the responsibility of the referral source to specify if any other protocol is required.

<p>1. <u>Foley Catheter</u> - Irrigate catheter with 20-50mL Normal saline prn and monitor for prompt returns.</p> <p>2. <u>Indwelling or Suprapubic Urinary Catheters</u></p> <p>a. Change latex/silastic and silicone – silicone coated catheters monthly and PRN</p> <p>c. Irrigate catheter with 20-50mL normal saline PRN and monitor for prompt returns</p> <p>3. <u>Trial of Void (TOV)</u> Remove catheter and f/u with patient later same day. Replace catheter if unable to void well and/or uncomfortable due to bladder distension/pain. If residual volume >250cc, leave catheter in and proceed with repeat TOV weekly for maximum of 3 weeks. If patient has not voided after 3 TOVs, contact referring PCP/urologist. If residual volume <250cc and patient comfortable, remove reinserted catheter. Document residual.</p>
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<p>4. <u>PLEURX</u> - Home and Community Care Support Services South East provides PleurX only for malignant pleural effusion</p>	
<p><u>CATHETER DRAINAGE</u> Complete drainage as per nursing agency policy and procedure for lung. Do not drain more than 1000 mL per drainage procedure for the lung PleurX,, unless otherwise prescribed by physician. If drainage is < 50 mL for 3 consecutive drains and the patient is not symptomatic, contact the referring Respiriologist. Discontinue drainage if client experiences pain or dyspnea that is not relieved by slowing or stopping the drainage process.</p>	<p><u>CATHETER DRESSING CHANGE</u> Complete dressing change as per nursing agency policy and procedure at the time of chest tube drainage and PRN. If chest tube is not being drained, change dressing twice a week and PRN (e.g. non-occlusive or soiled).</p>

<p>5. <u>PERCUTANEOUS TUBES</u></p>	
<p>5A) <u>NEPHROSTOMY TUBES</u></p> <ul style="list-style-type: none"> Using sterile procedure, irrigate the catheter with 5- 10mL of normal saline 2 x/wk and PRN. <u>Do not aspirate.</u> Clean catheter insertion site with non-alcohol Chlorhexidine and apply dressing (gauze and transparent dressing or drain attachment device and transparent dressing) 2xweekly and PRN x 2 weeks and then weekly and prn. Change extension tubing, stopcock and bag weekly and PRN. Monitor catheter insertion site for infection/leakage. 	<p>5B) <u>PERCUTANEOUS TUBES (e.g. Biliary Catheter or Draining Abscess)</u></p> <p>PHYSICIAN must specify amount and frequency of irrigation Clean catheter insertion site with non-alcohol Chlorhexidine and apply dressing (gauze and transparent dressing or drain attachment device and transparent dressing) weekly and PRN. Change extension tubing, stopcock and bag weekly and PRN. Monitor catheter insertion site for infection/leakage.</p>

<p>6. <u>OSTOMIES</u></p>	
<p>New Ostomies: Change flange weekly and PRN and provide health teaching.</p>	<p>Established Ostomies: Change flange weekly and PRN and provide health teaching.</p>