

Please ensure information is legible

Name\* \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone\* \_\_\_\_\_

HCN\* \_\_\_\_\_ v.c. \_\_\_\_\_

**Medical Order Form**

Please Note: South East LHIN Home and Community Care 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 South East LHIN 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):** South East LHIN 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 South East LHIN referral for ALL medical orders indicated**

**CPSO/CNO #:** \_\_\_\_\_

**Physician Name** (please print) \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If delegate, name of attending Physician** \_\_\_\_\_ **Telephone#:** \_\_\_\_\_

*I (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):**

<input type="checkbox"/> <b>Physio</b> Degree of <input type="checkbox"/> None <input type="checkbox"/> Partial Weight Bearing: <input type="checkbox"/> Full <input type="checkbox"/> Progression	<input type="checkbox"/> <b>O.T.</b> <input type="checkbox"/> <b>Speech</b> <input type="checkbox"/> <b>Dietician</b> <input type="checkbox"/> <b>Social Work</b> Please attach hospital assessment information Height (if walker req) _____	<input type="checkbox"/> <b>Personal Support Service</b> <input type="checkbox"/> Linking to community resources /supports
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**Notes**

Name of Referring Health Professional \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**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><b>1. <u>Foley Catheter</u></b> - Irrigate catheter with 20-50mL Normal saline prn and monitor for prompt returns.</p> <p><b>2. <u>Indwelling or Suprapubic Urinary Catheters</u></b></p> <p>a. Change <b>latex/silastic and silicone – silicone coated</b> catheters monthly and PRN</p> <p>c. Irrigate catheter with 20-50mL normal saline PRN and monitor for prompt returns</p> <p><b>3. <u>Trial of Void (TOV)</u></b>          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 &gt;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 &lt;250cc and patient comfortable, remove reinserted catheter. Document residual.</p>
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<p><b>4. <u>PLEURX</u> - South East LHIN provides PleurX only for malignant pleural effusion</b></p>	
<p><b><u>CATHETER DRAINAGE</u></b>          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 &lt; 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><b><u>CATHETER DRESSING CHANGE</u></b>          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><b>5. <u>PERCUTANEOUS TUBES</u></b></p>	
<p><b>5A) <u>NEPHROSTOMY TUBES</u></b></p> <ul style="list-style-type: none"> <li>Using sterile procedure, irrigate the catheter with 5- 10mL of normal saline 2 x/wk and PRN. <b><u>Do not aspirate.</u></b></li> <li>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.</li> <li>Change extension tubing, stopcock and bag weekly and PRN.</li> <li>Monitor catheter insertion site for infection/leakage.</li> </ul>	<p><b>5B) <u>PERCUTANEOUS TUBES (e.g. Biliary Catheter or Draining Abscess)</u></b></p> <p><b>PHYSICIAN must specify amount and frequency of irrigation</b>          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><b>6. <u>OSTOMIES</u></b></p>	
<p><b>New Ostomies:</b> Change flange weekly and PRN and provide health teaching.</p>	<p><b>Established Ostomies:</b> Change flange weekly and PRN and provide health teaching.</p>