



For Back Up Use

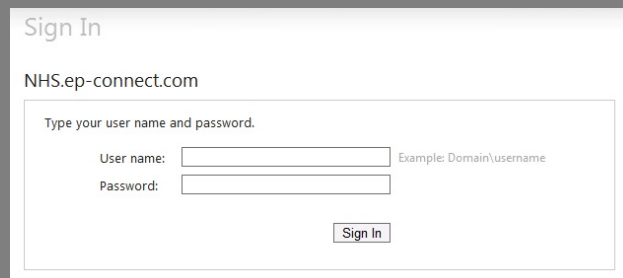
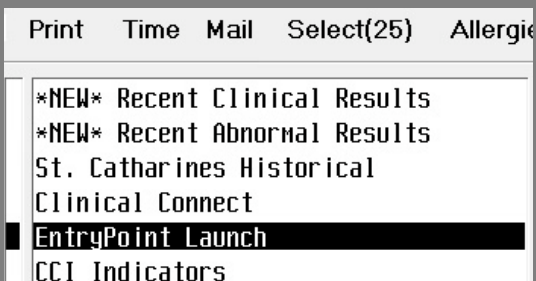
This copy of the Orderset is for Information & BackUp purposes only.

It is intended for use during downtimes.

**For daily use, please access the version on
EntryPoint**

To launch EntryPoint, go to PCI (Patient Care Inquiry) in Meditech. Look for “EntryPoint Launch” and follow the instructions. Log in using your PACS (or Outlook) username and password in lowercase.

Thanks.



Height _____ cm Weight _____ kg

Allergies _____

Uncomplicated Purulent Skin and Soft Tissue Infection Disposition Order set		M	K	O
Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status Processing Reviewed by Status Faxed by	<p style="text-align: center;">*** For all ED patients (age greater than 17 years old) who present with an uncomplicated purulent skin and soft tissue infection ***</p> <p style="text-align: center;">*** DO NOT use for ED patients who have abscess with severe sepsis/septic shock criteria, complex involved structures (e.g. hand, perineum, joints, deep cavity extension, etc.), or medical complications that exclude safe discharge ***</p> <hr/> <p>Laboratory Investigation</p> <p>Wound Culture</p> <p><input type="checkbox"/> Deep Wound Culture (completed by physician): Site _____</p> <p>Reason/MRSA Risk Factors (Must select at least one):</p> <p><input type="checkbox"/> PWUS (People Who Use Substances)</p> <p><input type="checkbox"/> Communal living (i.e. incarceration, nursing home, shelter)</p> <p><input type="checkbox"/> Recent antibiotic use</p> <p><input type="checkbox"/> Contact sports</p> <p><input type="checkbox"/> Past history of MRSA</p> <p><input type="checkbox"/> Other (Specify): _____</p> <hr/> <p>Other Lab Investigations (if not already done)</p> <p><input type="checkbox"/> CBC <input type="checkbox"/> Creatinine <input type="checkbox"/> Urea <input type="checkbox"/> Na, K, Cl <input type="checkbox"/> Lactate <input type="checkbox"/> Blood Culture Set</p> <p>Reason (Must select at least one):</p> <p><input type="checkbox"/> Diabetes mellitus (especially with complications)</p> <p><input type="checkbox"/> Cancer with chemotherapy (current/recent)</p> <p><input type="checkbox"/> Use of conventional synthetic/biologic disease modifying antirheumatic drugs (e.g. Remicade®, Humira®, Enbrel®, Cimzia®, Simponi®, etc.)</p> <p><input type="checkbox"/> White blood cell disorder (e.g. lymphoma, leukemia, etc.)</p> <p><input type="checkbox"/> Other (Specify): _____</p> <hr/> <p>Diagnostics</p> <p><input type="checkbox"/> Formal soft tissue ultrasound today Reason: Diagnosis unclear</p> <p><input type="checkbox"/> Body site: _____</p> <p>OR</p> <p><input type="checkbox"/> Provide patient with next day ultrasound appointment form</p> <p><input type="checkbox"/> Point of Care Ultrasound (POCUS) performed?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – Findings: _____</p>			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm) Read Back



Chart Copy – Do Not Destroy

Height _____ cm Weight _____ kg

Allergies _____

Uncomplicated Purulent Skin and Soft Tissue Infection Disposition Order set		M	K	O
Orders Processed Date (dd/mm/yyyy) Time (hhmm) By Status Processing Reviewed by Status Faxed by	<div style="background-color: #f2f2f2; padding: 5px;">Antibiotic Considerations</div> <p style="text-align: center;">*** IV Antibiotics use not recommended for this order set***</p> <p><input type="checkbox"/> Infection requiring oral antibiotics:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Local cellulitis (beyond superficial local inflammation)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Mild fever/systemic symptoms criteria amenable for outpatient treatment</p> <p><input type="checkbox"/> First dose antibiotic to give in ED: _____</p> <p><input type="checkbox"/> Other (specify): _____</p> <p style="text-align: center;">*** May consult <u>NH Antimicrobial Handbook</u> and other available resources on SourceNet for Treatment and Dosing Guidelines. Renal dose adjustments required for patients with renal dysfunction ***</p> <hr/> <div style="background-color: #f2f2f2; padding: 5px;">Wound Care</div> <p>Procedures performed by physician:</p> <p><input type="checkbox"/> Informed Consent received: Risks and benefits of procedures discussed</p> <p><input type="checkbox"/> Incision <input type="checkbox"/> Loop drainage <input type="checkbox"/> Irrigation <input type="checkbox"/> Loculation breakdown</p> <p><input type="checkbox"/> Packing (current guidelines DO NOT RECOMMEND packing for wounds less than 5 cm. It causes increased pain, and scarring with no improvement in outcome)</p> <p>Nursing wound dressing orders</p> <p><input type="checkbox"/> Heavily draining wound: apply Bactigras™ first with Mepilex® Border</p> <p><input type="checkbox"/> Small wounds: apply Bactigras™ first with Medipore™ dressing</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <div style="background-color: #f2f2f2; padding: 5px;">Referrals</div> <p><input type="checkbox"/> Home and Community Care Support Services referral completed (for wound care, Homecare or Home Occupational Therapy, Physiotherapy)</p> <p><input type="checkbox"/> Dermatology referral completed (if history and physical exam support diagnosis of Hidradenitis Suppurativa)</p> <hr/> <div style="background-color: #f2f2f2; padding: 5px;">Discharge</div> <p><input type="checkbox"/> Provide patient with discharge prescription</p> <p><input type="checkbox"/> Provide patient with Abscess Care Patient Handout at discharge (Physician to review and indicate gauze removal time and pain medication information if necessary)</p>			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)



Chart Copy – Do Not Destroy

Height _____ cm Weight _____ kg

Allergies _____

Uncomplicated Purulent Skin and Soft Tissue Infection Disposition Order set		M	K	O
Orders Processed Date (dd/mm/yyyy)	Additional Orders			

Telephone Order _____
 Ordering Practitioner, Designation Signature Date/Time (dd/mm/yyyy hhmm)

If Telephone Order _____ Read Back
 Ordering Physician Date (dd/mm/yyyy) Time (hhmm)

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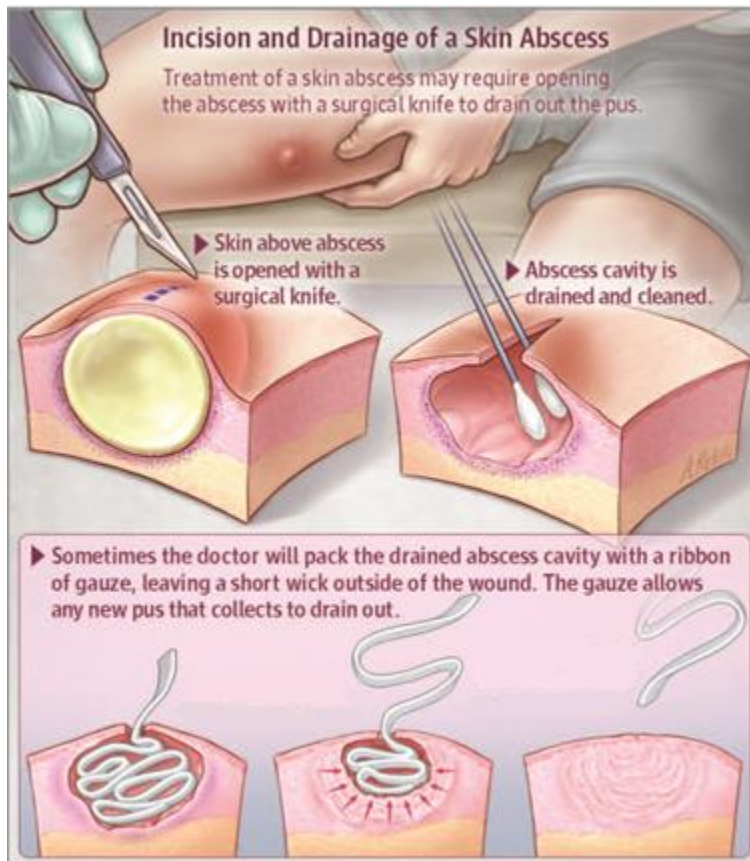


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Abscess Care Patient Handout

- You had your abscess drained in the Emergency Department/Urgent Care Centre today.
- Your wound may be covered with a regular bandage dressing, or it may be “packed” with gauze to allow for ongoing drainage of pus.



[Modified from: Baiu I, Melendez E. Skin Abscess. JAMA. 2018;319(13):1405. doi:10.1001/jama.2018.1355]

1. You may be given a referral for packed abscesses:
 - Home and Community Care: you should be contacted by Home and Community Care Support Services within 24-48 hours, please call this number if you have not heard back in that time
 - Home and Community Care contact number: **1-800-810-0000**

2. Dressings for self-care:

- Keep your dressings clean and dry.
- **Remove the dressings DAILY to inspect the wound, and clean with warm soapy water; be careful not to pull out any packing.**
- Ensure the dressings do not stick to your wound and change once a day (with wound cleaning as above). Keep the dressings on the wound until healed.
- **If the abscess is packed;**
 - Keep follow-up appointments with Home and Community Care Support Services to have packing changed or removed.

OR

- Remove packing in _____ days, as instructed by the doctor
 - After the packing is removed, soak the area in warm water for 15 to 20 minutes 2 times a day, and then cover with a dry dressing with Polysporin® ointment until the wound closes fully.

3. If you have been prescribed antibiotics, take them as directed, and make sure to complete the full course of treatment.

4. You can treat any pain you are feeling with the following:

- ibuprofen (Advil®) : _____
(maximum: 3,200 mg per 24 hours)
- acetaminophen (Tylenol®): _____
(maximum: 3,000 mg per 24 hours 4,000 mg per 24 hours)
- Other: _____

5. When to return to the Emergency Department:

- Increasing pain not controlled with pain medication
- Increasing swelling/redness/drainage
- Feeling unwell, nausea/vomiting, fevers/chills

6. Follow up with your family doctor or walk-in clinic to ensure the site has healed