

HBO TREATMENT PROVIDER ORDERS**DATE:** _____ **TIME:** _____

This HBO Treatment Course is primarily for wound/ulcer number(s): _____

▲ HBO Diagnosis/Indication:☐ **Diabetic Ulcer** (select diabetes type, whether diabetes is controlled or uncontrolled, and location of diabetic ulcer)Diabetes Type: ☐ Type 1 ☐ Type 2Diabetes Control: ☐ Controlled ☐ UncontrolledLocation of Diabetic Ulcer: ☐ Lower limb ☐ Right ☐ Left ☐ Heel and mid-foot ☐ Right ☐ Left☐ Thigh ☐ Right ☐ Left ☐ Other part of foot (includes toes) ☐ Right ☐ Left☐ Calf ☐ Right ☐ Left ☐ Other part of lower limb ☐ Right ☐ Left☐ Ankle ☐ Right ☐ Left☐ Standard/Conservative Wound Care tried and failed greater than or equal to 30 days ☐ Wagner Grade: _____☐ Actinomycosis ☐ Compromised/Failed Flap or Graft to _____ (site)☐ Acute Carbon Monoxide Poisoning ☐ Crush Injury to _____ (site)☐ Acute Traumatic Peripheral Ischemia to: ☐ Gas Gangrene (Clostridial Myositis and Myonecrosis)☐ Iliac Artery ☐ Axillary Artery ☐ Brachial Blood Vessels ☐ Common ☐ Cyanide Poisoning☐ Femoral Artery ☐ Popliteal Artery ☐ Decompression Illness☐ Adverse Effects of Radiation ☐ Exceptional Blood Loss Anemia☐ Air Embolism _____ (specify site) ☐ Idiopathic Sudden Sensorineural Hearing Loss☐ Arterial Embolism and Thrombosis of Upper Extremity ☐ Intracranial Abscess☐ Peripheral Artery ☐ _____ (specify condition) due to☐ Arterial Embolism and Thrombosis of Lower Extremity ☐ Necrotizing Fasciitis☐ Femoral ☐ Popliteal ☐ Peripheral☐ Central Retinal Artery Occlusion ☐ Osteoradionecrosis to _____ (site)☐ Chronic Refractory Osteomyelitis to _____ (site) ☐ Soft Tissue Radionecrosis to _____ (site)☐ Diabetes with Peripheral Vascular Disease ☐ Thermal Burns _____ (site)☐ Other✓ **ORDERS** **NOTE: Only those items checked (✓) will be carried out.**

Obtain patient's signature on consent form

Chest X-ray

Electrocardiogram

Echocardiogram

Pulmonary Function Tests: ☐ Basic ☐ Pre & Post Bronchodilators ☐ CompleteTranscutaneous Pressure of Oxygen (PtcO₂) measurement of:☐ Right Lower Extremity ☐ Left Lower Extremity☐ With Leg Elevation ☐ With Oxygen Challenge ☐ with ABI ☐ Single Level ☐ Multiple LevelsIn-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of:☐ Right Lower Extremity ☐ Left Lower Extremity

Provider Signature: _____ Date: _____ Time: _____

Noted by Nurse: _____ Date: _____ Time: _____

(Patient Label)

Patient Name:

Patient DOB:

MR #:

Acct #:

Hyperbaric Treatment Provider Orders

Wound Management Center

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HBO TREATMENT PHYSICIAN ORDERS – page 2

| | |
|--------------|---|
| DATE: | TIME: |
| √ | ORDERS <i>NOTE: Only those items checked (√) will be carried out.</i> |
| | Capillary blood glucose pre and post HBO treatment |
| | For Diabetic Patients, follow <i>Glycemia Interventions Protocol</i> (policy D428). <i>If this protocol is not used indicate treatment orders below.</i> |
| | Patient to be instructed no smoking 2 hours pre and 2 hours post HBO treatment |
| | Orient and educate patient prior to HBO treatment |
| | In the event of an emergency, follow standing emergency HBO therapy procedures and notify the supervising provider. |
| | ▲Hyperbaric Oxygen Protocol: <input type="checkbox"/> 2 Atmospheres Absolute (ATA) for 90 minutes without air-breaks _____ Treatment(s) per Day Total Number of Treatments _____ <input type="checkbox"/> 2.5 Atmospheres Absolute (ATA) for 90 minutes with 5 minute air-break times 2 each treatment _____ Treatment(s) per Day Total Number of Treatments _____ <input type="checkbox"/> ___ Atmospheres Absolute (ATA) for ___ minutes with ___ minute air-break times ___ each treatment _____ Treatment(s) per Day Total Number of Treatments _____ |
| | Oxymetazoline Nasal Spray or Drops (e.g. Afrin) <input type="checkbox"/> Adults – 0.05% solution, 2 drops or sprays into each nostril times one dose, 30 minutes prior to HBO treatment for nasal congestion. Do not exceed 5 days duration. <input type="checkbox"/> Children – 0.025% solution, 2 drops or sprays into each nostril times one dose, 30 minutes prior to HBO treatment for nasal congestion. Do not exceed 5 days duration. OR |
| | <input type="checkbox"/> Pseudoephedrine (e.g. Sudafed) 30 mg. by mouth, 1 tablet 30 minutes prior to HBO treatment for nasal congestion. Do not exceed 7 days duration. Do not use in children under 4 years old. |
| | <input type="checkbox"/> Administer _____ 30 minutes prior to HBO treatment as needed for anxiety. |
| | Special Instructions: |
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Provider Signature: _____ Date: _____ Time: _____

Provider Printed Name: _____

Noted by Nurse: _____ Date: _____ Time: _____

(Patient Label)

Patient Name:

Patient DOB:

MR #:

Acct #:

Hyperbaric Treatment Provider Orders

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