## **HBO TREATMENT PROVIDER ORDERS**

Thigh Right Left Other part of foot (includes toes) Right Calf Right Left Other part of lower limb Right Right Right Left Other part of lower limb Right Right Right Left Other part of lower limb Right Right Right Left Other part of lower limb Right Right Right Left Other part of lower limb Right Rig		
Diabetic Ulcer (select diabetes type, whether diabetes is controlled or uncontrolled, and location of diabetic ulcer)   Diabetes Type:		
Type I   Type 2   Type 2   Type 2   Controlled   Uncontrolled		
Type I   Type 2   Type 2   Type 2   Controlled   Uncontrolled		
Diabetes Control:   Controlled   Incontrolled   Controlled   Controlled   Control   Controlled		
Coation of Diabetic Ulcer:   Lower limb   Right   Left   Dither part of foot (includes toes)   Right   Left   Dither part of lower limb   Right   Left   Dither   Dit		
Thigh		
Calf	t □ Left	
Ankle	t □ Left	
Standard/Conservative Wound Care tried and failed greater than or equal to 30 days   Wagner Grade:   Actinomycosis   Compromised/Failed Flap or Graft to   Actinomycosis   Compromised/Failed Flap or Graft to   Actinomycosis   Compromised/Failed Flap or Graft to   Crush Injury to   Crush Injury to   Gas Gangrene (Clostridial Myositis and Myonecrosis)   Garide Poisoning   Decompression Illness   Gas Gangrene (Clostridial Myositis and Myonecrosis)   Georgia Gas Gas Gangrene (Clostridial Myositis and Myonecrosis)   Gas Gangrene (Clostridial Myositis and Myonecrosis)   Georgia Gas Gas Gangrene (Clostridial Myositis and Myonecrosis of Complete   Cas Gas Gangrene (Clostridial Myositis and Myonecrosis of Constitution   Gas Gangrene (Clostridial Myositis and Myonecrosis   Gas Gangrene (Clostridial Myositis and Myonecrosis   Gas Gangrene (Clostridial Myositis and Myonecrosis   Gas Gangrene (Clostridia Myositis and Myonecrosis   Gas Gangrene (Clostri	≀ □ Left	
Actinomycosis		
Acute Carbon Monoxide Poisoning	(site)	
Acute Traumatic Peripheral Ischemia to:	(site)	
Iliac Artery   Axillary Artery   Brachial Blood Vessels   Common Femoral Artery   Popiliteal 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   Necrotizing Fasciitis     Arterial Embolism and Thrombosis of Lower Extremity   Intracranial Abscess     Peripheral Artery   Necrotizing Fasciitis     Central Retinal Artery Occlusion   Osteoradionecrosis to     Chronic Refractory Osteomyelitis to   (site)   Soft Tissue Radionecrosis to     Diabetes with Peripheral Vascular Disease   Thermal Burns     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 □Complete     Transcutaneous Pressure of Oxygen (PtcO₂) measurement of:     Right Lower Extremity □ Left Lower Extremity     With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legal In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of:     Right Lower Extremity □ Left Lower Extremity   Left Lower Extremity     Right Lower Extremity □ Left Lower Extremity   Left Lower Extremity     Right Lower Extremity □ Left Lower Extremity   Left Lower Extremity     Right Lower Extremity □ Left Lower Extremity   Left Lower Extremity     Right Lower Extremity □ Left Lower Extremity   Left Lower Extremity     Date:Time Policy   Time Policy		
Decompression Illness		
Adverse Effects of Radiation		
Air Embolism		
Arterial Embolism and Thrombosis of Upper Extremity		
Peripheral Artery		
Arterial Embolism and Thrombosis of Lower Extremity	Intracramal Abscess	
□ Femoral □ Popliteal □ Peripheral □ Necrotizing Fasciitis   □ Central Retinal Artery Occlusion □ Osteoradionecrosis to □   □ Chronic Refractory Osteomyelitis to □ Diabetes with Peripheral Vascular Disease □ Thermal Burns □   ○ ORDERS NOTE: Only those items checked (√) will be carried out.   ○ Obtain patient's signature on consent form □ Chest X-ray   □ Electrocardiogram □ Pulmonary Function Tests: □Basic □ Pre & Post Bronchodilators □ Complete   □ Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity □ With ABI □ Single Level □ Multiple Lege   □ In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity □ With ABI □ Single Level □ Multiple Lege   □ Right Lower Extremity □ Left Lower Extremity □ Left Lower Extremity	Jii) due to	
Central Retinal Artery Occlusion		
Chronic Refractory Osteomyelitis to	(site)	
Diabetes with Peripheral Vascular Disease	(site)	
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 □Complete  Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  □ With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legentary  In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  Poider Signature: □ Date: □ Timestricks   Date: □ Date: □ Timestricks   Date: □ Date: □ Date: □ Date: □ Date: □ Dat	(site)	
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 □Complete  Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  □ With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legentary  In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  Date:	(0.10)	
Obtain patient's signature on consent form  Chest X-ray  Electrocardiogram  Echocardiogram  Pulmonary Function Tests:   Basic Pre & Post Bronchodilators Complete  Transcutaneous Pressure of Oxygen (PtcO2) measurement of:  Right Lower Extremity Left Lower Extremity  With Leg Elevation With Oxygen Challenge with ABI Single Level Multiple Legentary  In-chamber Transcutaneous Pressure of Oxygen (PtcO2) measurement of:  Right Lower Extremity Left Lower Extremity  Date: Timesovider Signature:		
Chest X-ray  Electrocardiogram  Echocardiogram  Pulmonary Function Tests: Description Desc		
Electrocardiogram  Echocardiogram  Pulmonary Function Tests:   Basic Pre & Post Bronchodilators Complete  Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  With Leg Elevation With Oxygen Challenge with ABI Single Level Multiple Legendre Complete  In-chamber Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  Date: Timespirite Timespirite Complete  Date: Timespirite Complete  Date: Timespirite Complete  Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Date: Timespirite Complete  Date: Timespirite Comple		
Echocardiogram  Pulmonary Function Tests:  Basic Pre & Post Bronchodilators Complete  Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  With Leg Elevation With Oxygen Challenge with ABI Single Level Multiple Legeral In-chamber Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  Date:		
Echocardiogram  Pulmonary Function Tests:  Basic Pre & Post Bronchodilators Complete  Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  With Leg Elevation With Oxygen Challenge with ABI Single Level Multiple Legeral In-chamber Transcutaneous Pressure of Oxygen (PtcO2) measurement of: Right Lower Extremity Left Lower Extremity  Date:		
Pulmonary Function Tests: □Basic □Pre & Post Bronchodilators □Complete  Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity □ With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legel □ In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  Date: Timestrian processors of the processor of the proces		
Transcutaneous Pressure of Oxygen (PtcO2) measurement of:  Right Lower Extremity  With Leg Elevation  With Oxygen Challenge  With ABI  Single Level  Multiple Leger In-chamber Transcutaneous Pressure of Oxygen (PtcO2) measurement of:  Right Lower Extremity  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date: Timespirites and the pressure of Oxygen (PtcO2) measurement of:  Date:		
□ Right Lower Extremity □ Left Lower Extremity □ With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legal In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  Date: Timestrian Date:		
□ With Leg Elevation □ With Oxygen Challenge □ with ABI □ Single Level □ Multiple Legard In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of: □ Right Lower Extremity □ Left Lower Extremity  Date: Time		
In-chamber Transcutaneous Pressure of Oxygen (PtcO <sub>2</sub> ) measurement of:  □ Right Lower Extremity □ Left Lower Extremity  pvider Signature: Date: Time		
In-chamber Transcutaneous Pressure of Oxygen (PtcO₂) measurement of:  □ Right Lower Extremity □ Left Lower Extremity  ovider Signature: Date: Time		
□ Right Lower Extremity □ Left Lower Extremity  Date: Time	evels	
□ Right Lower Extremity □ Left Lower Extremity  Date: Time		
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ted by Nurse: Date: Tin		
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Patient Name:

Patient DOB:

MR #:

Acct #:

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Effective Date: 05/01/2020

Last Review Date: 04/29/2024 Scan to: Physician Order



## **HBO TREATMENT PHYSICIAN ORDERS - page 2**

ORDERS	TIME:
OKDEKS	NOTE: Only those items checked (√) will be carried out.
Capillary blo	od glucose pre and post HBO treatment
	Patients, follow Glycemia Interventions Protocol (policy D428). If this protocol is not used tment orders below.
Patient to be	instructed no smoking 2 hours pre and 2 hours post HBO treatment
Orient and e	ducate patient prior to HBO treatment
In the event supervising	of an emergency, follow standing emergency HBO therapy procedures and notify the provider.
	c Oxygen Protocol: mospheres Absolute (ATA) for 90 minutes without air-breaksTreatment(s) per Day Total Number of Treatments
□ 2.5 <i>·</i>	Atmospheres Absolute (ATA) for 90 minutes with 5 minute air-break times 2 each treatment Treatment(s) per Day  Total Number of Treatments
	Atmospheres Absolute (ATA) forminutes with _ minute air-break times each treatmentTreatment(s) per Day
□ Adults – 0. treatment for □ Children –	ne Nasal Spray or Drops (e.g. Afrin) .05% solution, 2 drops or sprays into each nostril times one dose, 30 minutes prior to HBO r nasal congestion. Do not exceed 5 days duration.  0.025% solution, 2 drops or sprays into each nostril times one dose, 30 minutes prior to HB
treatment for	r nasal congestion. Do not exceed 5 days duration. <b>OR</b>
□ Pseudoep	r nasal congestion. Do not exceed 5 days duration. <b>OR</b> hedrine (e.g. Sudafed) 30 mg. by mouth, 1 tablet 30 minutes prior to HBO treatment for nasa Do not exceed 7 days duration. Do not use in children under 4 years old.
□ Pseudoep	r nasal congestion. Do not exceed 5 days duration. OR  hedrine (e.g. Sudafed) 30 mg. by mouth, 1 tablet 30 minutes prior to HBO treatment for nasa Do not exceed 7 days duration. Do not use in children under 4 years old.
□ Pseudoep congestion.	hedrine (e.g. Sudafed) 30 mg. by mouth, 1 tablet 30 minutes prior to HBO treatment for nasa Do not exceed 7 days duration. Do not use in children under 4 years old.
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□ Pseudoep congestion. □ Administer needed for a Special Instr	hedrine (e.g. Sudafed) 30 mg. by mouth, 1 tablet 30 minutes prior to HBO treatment for nasa Do not exceed 7 days duration. Do not use in children under 4 years old.

(Patient Label)

Patient Name: Patient DOB:

MR #: Acct #: Hyperbaric Treatment Provider Orders

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