

WOUND V.A.C. ORDERS

Wound V.A.C. placed to _____

1. Maintain continuous suction at _____ mm/hg
2. Dressing changes Monday-Wednesday-Friday by Wound Care staff, unless otherwise specified.
3. Please see informative guidelines regarding care and use as posted at patient bedside, in chart, and in medication (MAR) chart.
4. Monitor V.A.C. drainage every 4 hours and report change or sudden increase in drainage amount, color, or consistency.
5. If equipment failure or wound V.A.C. is disrupted for more than 2 continuous hours, remove dressing and replace with normal saline moistened wet to dry dressings BID (twice daily) until system can be restored.

Physician Signature _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



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PATIENT LABEL



MR.ORDER

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