



PHYSICIAN'S PREPRINTED ORDERS

TITLE: CELLULITIS - ADMISSION ORDER

- 1. Other Diagnosis:
2. EIRMC Hospitalist Program
3. Questions: include animal bites/human bites.
4. Risk Factors for MRSA and conditions in which anti-microbial therapy is recommended.
5. Allergies:
6. Code Status:
7. Vital Signs:
8. Activity:
9. Diet:
10. Smoking Cessation counseling if indicated.
11. Vaccines:
12. IV:
13. DVT Prophylaxis:

- 14. Wound care
15. Elevate and wrap site of infection. K-pad to area of infection.
16. Treatment:
Moderate/severe cellulitis +/- drained abscess
If CA-MRSA coverage required.
If CA-MRSA coverage not required
DIABETICS
17. Labs Now (if not previously ordered) and in AM:
18. Other Medications:

Signature

Date

Patient Identification