



THE UNIVERSITY  
OF KANSAS HOSPITAL  
**KUMED**

3901 Rainbow Boulevard  
Kansas City, Kansas 66160

Do not write in this box



DT0017

PATIENT LABEL

**PHYSICIAN'S ORDER FORM**

**ORDERS  
HYPERBARIC MEDICINE ORDERS**

DATE  
&  
TIME

#

Patient Weight: \_\_\_\_\_ kg

1. **Attending Physician:** \_\_\_\_\_ **Pager:** \_\_\_\_\_

2. **Diagnosis:** \_\_\_\_\_

3. **Allergies:** \_\_\_\_\_

4. **Nursing**  
 Cardiac monitor 1<sup>st</sup> treatment  
 Cardiac monitor each treatment

5. Hyperbaric oxygen therapy at \_\_\_\_\_ atmosphere for \_\_\_\_\_ minutes.  
 Once a day for \_\_\_\_\_ (number) of treatments.  
 Twice a day for \_\_\_\_\_ (number) of treatments.  
 Air Breaks

6. **Wound Care**  
 Dressing change with each hyperbaric oxygen treatment  
 Type of dressing \_\_\_\_\_  
 Superficial debridement with dressing change

7. **Medications**  
**Pretreatment**  
 Phenylephrine (Neo-Synephrine) 0.25% Nasal Spray, one spray to each nostril.  
 Other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Pager: \_\_\_\_\_

**HYPERBARIC MEDICINE ORDERS**

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