

Daily Charting and Podortho® Nurse Care Plan

PT. NAME

DATE

DAILY BIOLOGICAL INDICATOR

LOAD #

TIME

REQUIRED CARE:

- ☐ ICT
- ☐ M/FC
- ☐ HLLT
- ☐ LLLT
- ☐ CORN
- ☐ CALLOUS
- ☐ ING
- ☐ N/BRC
- ☐ ABI
- ☐ DFS
- ☐ W/C
- ☐ W/DRS
- ☐ COMPR
- ☐ ORTHO
- ☐ ORTH/PEDS

OTHER

POD. NS. ASSESSMENTS

POD. NS. DX:

POD. NS. INTERVENTIONS:

- ☐ SOAK
- ☐ NC/F
- ☐ N/DEB
- ☐ PS/DEB
- ☐ CORN
- ☐ CAL/R
- ☐ SC
- ☐ INGR
- ☐ NB
- ☐ ABI
- ☐ DS
- ☐ LLLT
- ☐ HLLT

OTHER

GENERAL PRACTITIONER'S NAME

REPORT DATE

PRODUCTS USED DURING CARE:

NURSE'S PRODUCTS RECOMMENDED:

POD. NS. INTERVENTIONS:

☐ 1 wk. ☐ 2 wks. ☐ 4 wks.. ☐ 6 wks. ☐ 8 wks. OTHER: _____

IMAGES @ ICT @MTCE DATE:



☐ CALLOUS ☒ FISSURES ☐ CORN ☐ WOUND ☐ ING ☐ INFECTION ☐ WART ☐ FOREIGN OBJECT ☐ OTHER _____

POD. NS. SIG: _____

ADMIN USE ONLY

PRODUCT PURCHASED: _____

PAYMENT METHOD: ☐ V ☐ MC ☐ AMEX ☐ DEBIT ☐ E-TRANSFER ☐ CASH ☐ CHEQUE ☐ GFCT

AMOUNT \$: _____ NEXT SCHEDULED VISIT: _____

STAFF SIGNATURE

DATE

LEGEND

CT	INITIAL CONSULT & TREATMENT	LLT	LOW LEVEL LASER THERAPY CORN, CALLOUS	ABI	ANKLE BRACHIAL PRESSURE INDEX	COMP	COMPRESSION	PS/DEB	PLANTAR SKIN DEBRIDE
MFC	MAINTENANCE FOOT CARE			DFS	DIABETIC FOOT SCREEN	ORTHO	ORTHOTICS	CAL/R	CALLOUS REMOVAL
HLT	HIGH LEVEL LASER THERAPY	ING	INGROWN REMOVAL	W/C	WOUND CARE	ORTH/PEDS	ORTHOPEDIC SHOES	SC	SCALPEL
		N/BRC	NAIL BRACE	W/DSG	WOUND DRESSING	NC/F	NAIL CUT & FILE	GFCT	GIFT CERTIFICATE
						N/DEB	NAIL DEBRIDE		