

PATIENT COMMITMENT

The Center for Wound Care at University of Maryland Upper Chesapeake Medical Center desires to provide care to help you heal or stabilize your wounds. Successful wound healing requires your active participation in your care. In order to participate in the Center for Wound Care we ask you to read and commit to the following behaviors, if you have any questions, please feel free to discuss them with the physician or nurse caring for you.

1. Apply all dressings ordered by the physician. A nurse will teach you how to apply them, and if you have any questions, please call 443-643-3500.
2. It is important to remove or relieve pressure from your wound while it is healing. This may require position changes, wearing special shoes or using equipment like wheel chair cushions or special beds. A nurse will provide education about the use of any special devices, should your condition require them.
3. Take all medication as ordered by the physician. If you are unable to take the medicine, notify the ordering physician.
4. Have lab work, x-rays and tests done as recommended by the physician for proper diagnosis and treatment of your wound.
5. Follow the physician's orders including suggestions regarding life style changes such as smoking cessation, proper nutrition, diabetes management, etc. because these habits will impact your wound healing.
6. Keep regular appointments as ordered by the physician, they are essential to the wound healing process.
7. Eat a well-balanced diet, including supplements and vitamins (if recommended), or follow a special diet if recommended by the physician or dietician to help promote healing.
8. Use methods of compression to control the swelling in your legs as prescribed by the physician. Avoid sitting with your legs down or standing for long periods of time if you have venous disease.
9. Failure to follow the treatment plan can result in worsening of your wound(s) or serious health risks. The Center may elect not to participate in your treatment and refer you back to the physician who referred you if noncompliance of the above guidelines occurs.

I understand the commitment of behaviors needed for the Center for Wound Care at University of Maryland Upper Chesapeake Medical Center and agree to abide by them as part of my treatment plan. I understand that if I have any difficulty with my treatment plan, I will let the wound center team know so that they can help me with my treatment plan.

Patient signature: _____

Date/Time: _____