

**PEDIATRIC**

T= Today; N = Now (date and time ordered)

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

<b>Allergies:</b>		<input type="checkbox"/> No known allergies
<b>Admission/Transfer/Discharge</b>		
<input type="checkbox"/>	Discharge Patient	T;N, To Home
<b>Condition</b>		
<input type="checkbox"/>	Condition	T;N, Stable
<b>Patient Care</b>		
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: Up ad lib
<input type="checkbox"/>	Discharge Instructions	T;N, Diet: Regular Diet for age
<input type="checkbox"/>	Discharge Instructions	T;N, Diet: Per special instructions
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Notify PCP for worsening symptoms
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Notify PCP for temperature greater than 101 degrees
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Notify _____ for excessive swelling, bleeding or pus-like drainage at incision site.
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: _____
<input type="checkbox"/>	Discharge Instructions	T;N, Followup Appointments: Follow up with PCP in _____ days.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Dr. _____ in _____ days.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with _____ Clinic in _____ days.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with _____ Clinic in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with _____ Clinic in _____ months.
<input type="checkbox"/>	Discharge Instructions	T;N, Wound/Incision Care: Dressing Changes
<input type="checkbox"/>	DC All Lines	T;N

Date	Time	Physician's Signature	MD Number
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