attach patient label

Physician Orders

LEB NICU Miscellaneous Plan

PEDIATRIC

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

Height: _____cm Weight: _____kg

Allergies:		[ ] No known allergies
	Patient Care	
[ ]	Minimal Stimulation	T;N
[ ]	Car Seat Challenge	T;N, Prior to Discharge
[ ]	Nursing Communication	T;N, Assess for Synagis and notify MD if patient meets criteria
	Laboratory	
[ ]	Newborn Screen, TN Health Dept	Routine, T;N, Type: Blood
	Consults/Notifications	
[ ]	Audiology Consult	T;N, Initial newborn hearing screen, Routine
[ ]	Consult MD	T;N, Reason for Consult: Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)
[ ]	Medical Social Work Consult	T;N, Routine, Reason: Other, specify, Psychosocial Needs Eval
[ ]	Physical Therapy Ped Eval & Tx	T;N, Routine, Reason:_____
[ ]	Occupational Therapy Ped Eval & Tx	T;N, Routine, Reason:_____
[ ]	Speech Therapy Ped Eval & Tx	T;N, Routine, for: Speech Therapy Evaluate and Treat
[ ]	Dietitian Consult	T;N, Routine, Type of Consult: _____
[ ]	Lactation Consult	T;N, Routine
[ ]	Child Life Consult	T;N Routine, Special Instructions: Sibling Preparation prior to entering NICU
[ ]	Child Life Consult	T;N Routine, Special Instructions: Sibling Care During parent conference/visitation
[ ]	Child Life Consult	T;N, Routine, Reason: _____

_____ _____ _____ _____

Date **Time** **Physician's Signature** **MD Number**