Physician Orders PEDIATRIC: LEB Stroke Discharge Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans

☐ Initiate Powerplan Phase
   Phase: LEB Stroke Discharge Phase, When to Initiate: __________________________

LEB Stroke Discharge Phase
Admission/Transfer/Discharge

☐ Discharge Patient

Patient Care
R Pediatric Stroke Patient Education Documentation Form
☐ IV Discontinue
   Discontinue all lines.

☐ Instruct/Educate
   Instruct: Patient & Family, Topic: stroke/appointments/medications

☐ Discharge Instructions

☐ Discharge Instructions
   Activity: No Physical Education/contact sports, or weight lifting for _____

☐ Discharge Instructions
   Other Instructions: Hygiene- May shower, bathe, shampoo in ______

☐ Discharge Instructions
   Other Instructions: May return to school on ______

☐ Discharge Instructions
   Other Instructions: Family should call the stroke clinic for any neurological changes, medication questions, refill, or appointment questions. 901-287-7337

☐ Discharge Instructions
   Other Instructions: Family should phone "911" for any emergency concerns or symptoms.

☐ Discharge Instructions
   Follow-up Appointments: Follow-up with Primary Care Physician 1 week after discharge for routine care.

☐ Discharge Instructions
   Follow-up Appointments: Follow-up with LeBonheur Stroke Clinic in ______

__________________________   ____________________   ____________________   ____________________
Date                        Time                   Physician’s Signature                    MD Number

*Report Legend:
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
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INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase, see separate sheet
R-Required order