



Physician Orders

LEB NICU Discharge Preparation Plan

[X or R] = will be ordered unless marked out.

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Non Categorized		
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: LEB NICU Discharge Preparation Phase When:
Admission/Transfer/Discharge		
<input type="checkbox"/>	Discharge Pending	T;N, _____
Condition		
<input type="checkbox"/>	Condition	T;N, Stable
Patient Care		
<input type="checkbox"/>	Nursing Communication	T;N, Discharge home with Family after _____.
<input type="checkbox"/>	Caregiver to room in	T;N,
<input type="checkbox"/>	DC All Lines	T;N
<input type="checkbox"/>	Car Seat Challenge	T;N, Prior to Discharge
<input type="checkbox"/>	Discharge Instructions	T;N, Diet: Per special instructions _____
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: Limit visitors and outings.
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: _____
<input type="checkbox"/>	Discharge Instructions	T;N, Other 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, Followup Appointments: Follow up with PCP in _____ days.
<input type="checkbox"/>	Discharge Instructions	T;N, Followup Appointments: Follow up with Pediatrician in _____ days.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Genetics, Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Audiology, Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Surgery, Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow up with Cardiology Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Follow Up Appointments: Follow-up with Ophthalmology Dr. _____ in _____ weeks.





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Patient Care continued	
[]	Discharge Instructions T;N, Follow Up Appointments: Follow up with Newborn follow-up Clinic in _____ weeks.
[]	Discharge Instructions T;N, Follow Up Appointments: Follow up with Newborn follow-up. Clinic in _____ months.
[]	Discharge Instructions T;N, Follow-up appointments: for OT
[]	Discharge Instructions T;N, Follow-up appointments: with PT
[]	Discharge Instructions T;N, Follow-up appointments: for Speech Therapy
[]	Instruct/Educate T;N, Who: Caregiver, on Wound/Incision Care/Dressing Changes
[]	Instruct/Educate T;N, Who: Caregiver, on Discharge medications
[]	Instruct/Educate T;N, Who: Caregiver, Method: Show Video, Parents, formula mixing DVD prior to Discharge
[]	Instruct/Educate T;N, Who: Caregiver, on adding thickener to formula for family/Caregivers
[]	Instruct/Educate T;N, Who: _____, on ostomy care for family/Caregivers
[]	Instruct/Educate T;N, Who: Caregiver, on Tracheostomy care for family/Caregivers
[]	Instruct/Educate T;N, Who: Caregiver, Offer parental CPR training before infant's discharge
[]	Instruct/Educate T;N, Who: Caregiver, attend Gastrostomy care class
[]	Send Record to PCP T;N, Who: _____, Send Record to PCP: D/C summary
Medications	
[]	LEB Immunizations 2 Month Plan (see separate sheet)
[]	LEB Immunizations 4 Month Plan (see separate sheet)
[]	LEB Immunizations 6 Month Plan (see separate sheet)
[]	LEB Immunizations 12 Months to 15 Months Plan (see separate sheet)
Laboratory	
[]	Newborn Screen, TN Health Dept T;N, Routine, blood
Consults/Notifications	
[]	Audiology Consult T;N, Initial newborn hearing screen, Routine
[]	Consult MD T;N, WHO: _____ Reason for Consult: Retinopathy of Prematurity Consultation at 4 to 6 weeks after birth or at 31 weeks post-menstrual age (whichever comes later)



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Consults/Notifications contined		
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: DME Pulse Oximeter
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: DME Oxygen for home use
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: DME Home monitor with 20 second apnea delay and heart rate range 80-220
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Trach supplies Trach size: _____
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: TPN
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Ostomy supplies
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: G-Tube Supplies
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Thickner
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor and instruct on use of home apnea monitor with 20 second apnea delay and heart rate range 80-220
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor and treat for wound care
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor for appropriate formula mixing with thickner
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor infant at risk for Failure to Thrive
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor parenting skills
<input type="checkbox"/>	Case Management Consult	T;N, Routine, HOME CARE: Home Health SN to evaluate, monitor medication instruction
<input type="checkbox"/>	Lactation Consult	T;N, Routine, Special Instructions: Patient being discharged

Date

Time

Physician's Signature

MD Number