Physician Orders PEDIATRIC: LEB Ortho Discharge Plan

Initiate Orders Phase
Care Sets/Protocols/PowerPlans
☐ Initiate Powerplan Phase
  Phase: LEB Ortho Discharge Phase, When to Initiate:____________________

LEB Ortho Discharge Phase
Admission/Transfer/Discharge
☐ Discharge Patient
  Disposition: Home

Condition
☐ Condition
  T;N, Stable

☐ Discharge Instructions
  T;N, Activity: Up ad lib

☐ Discharge Instructions
  T;N, Activity: _______

☐ Discharge Instructions
  T;N, Diet: Regular diet for age

☐ Discharge Instructions
  T;N, Diet: Per special instructions

☐ Discharge Instructions
  T;N, Other Instructions: Notify ___________ for excessive swelling, bleeding or pus-like drainage at incision site.

☐ Discharge Instructions
  T;N, Other Instructions: If patient has cast, please give Apple-A-Day Cast Care patient instruction sheet.

☐ Discharge Instructions
  T;N, Other Instructions: Follow Up with MD's Assistant ______; Phone number: __________

☐ Discharge Instructions
  T;N, Other Instructions: with Dr. _______ at Campbell Clinic in ________ days. Call 759-3100 for appointment questions

☐ Discharge Instructions
  T;N, Wound/Incision Care: _____________

☐ Discharge Instructions
  T;N, Other Instructions: _____________

☐ DC All Lines
  T;N

Consults/Notifications/Referrals
  Scoliosis Clinic meets on the 1st (WCW), and 3rd (JRS) Wednesday at 12:30 p.m. and the 3rd (DMK) Tuesday @ 12:30 p.m.(NOTE)*
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☐ Scoliosis Clinic Consult LEB
   Call 287-6767 for appointment questions. Scoliosis Clinic on the 1st (WCW) and 3rd (JRS) Wednesday at 12:30 p.m. and the 3rd (DMK) Tuesday at 12:30 p.m.
   Peds Ortho Anomaly Clinic meets on the 1st (WCW), 2nd (DDS), 3rd (JRS) & 4th (JHB) Wednesday at 8:30 a.m. and the 2nd (DMK) and 4th (DMK) Wednesday at 12:30 p.m. (NOTE)*

☐ Peds Ortho Anomaly Clinic Consult LEB
   Call 287-6767 for appointment questions. Peds Ortho Anomaly Clinic meets on the 1st (WCW), 2nd (DDS), 3rd (JRS) & 4th (JHB) Wednesday at 8:30 a.m. and the 2nd (DMK) and 4th (DMK) Wednesday at 12:30 p.m.
   Ortho Newborn Clinic meets every Wednesday at 8:30 a.m. (NOTE)*

☐ Ortho Newborn Consult LEB
   Call 287-6767 for appointment questions. Ortho Newborn Clinic meets every Wednesday (DMK) at 8:30 a.m. and every 1st and 4th at 12:30 p.m.
   Ortho Fracture Clinic meets on Monday and Thursday at 12:30 p.m. (NOTE)*

☐ Orthopedic Fracture Clinic Consult LEB
   Call 287-6767 for appointment questions. Ortho Fracture Clinic meets on Monday (JHB) and Thursday (DDS) at 12:30 p.m.
   Ped Hand Clinic meets various Thursdays at 8:30 a.m. (NOTE)*

☐ Hand Clinic Consult LEB
   Call 287-6767 for appointment questions. Ped Hand Clinic meets various Thursdays at 8:30 a.m.

________________  __________  _____________________________  __________
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
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