



Physician Orders

LEB GEN SURG Pyloric Stenosis Discharge Instruction Plan

PEDIATRIC

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

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
Admission/Transfer/Discharge		
<input type="checkbox"/>	Discharge Patient	T;N, Home
Condition		
<input type="checkbox"/>	Condition	T;N, Stable
Patient Care		
<input type="checkbox"/>	DC All Lines	T;N
<input type="checkbox"/>	Instruct/Educate	T;N, Instruct: Patient/Caregiver
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: As tolerated
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: Sponge baths may begin upon discharge
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: The patient may resume previous bathing routine in 3 days
<input type="checkbox"/>	Discharge Instructions	T;N, Diet: Regular Infant Diet
<input type="checkbox"/>	Discharge Instructions	T;N, Wound/Incision Care: Do not remove strips or surgical glue in place at the surgery. The strips will fall off on their own.
<input type="checkbox"/>	Discharge Instructions	T;N, Wound/Incision Care: Do not apply medicines to the surgery site or to the dressings.
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Family should call the patient's surgeon at (901)287-6031 if the patient has persistent fever equal or greater than 100.5 degrees, forceful vomiting or blood or pus from the surgery site.
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: _____
<input type="checkbox"/>	Discharge Instructions	T;N, Followup Appointments: Follow up with primary care physician in one to two weeks for routine care, immunizations or other concerns.
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Follow up with patient's surgeon _____ in four weeks. Call (901) 287-6031 for an appointment.

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

