



attach patient label

Physician Orders

PED ENT Discharge Orders Phase

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

PEDIATRIC

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/>	Initiate Powerplan Phase	T;N, Phase: PED ENT Discharge Orders Phase
Admission/Transfer/Discharge		
NOTE: Use for 23 hour observation and inpatient discharges only		
<input type="checkbox"/>	Nursing Communication	T;N Place order for Discharge in am if patient is stable. Pt is stable when pain is controlled, has no bleeding, and able to tolerate PO liquids.
<input type="checkbox"/>	Nursing Communication	T;N Place order for Discharge in am after _____.
<input type="checkbox"/>	Nursing Communication	T;N Call _____ in am for Discharge order.
<input type="checkbox"/>	Nursing Communication	T;N Call _____ for Discharge order at _____ time.
NOTE: Use for SDS discharges only		
<input type="checkbox"/>	Discharge When Meets Criteria	T;N, DC when patient meets discharge criteria
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
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: Up ad lib
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: Resume normal activity after 24 hours
<input type="checkbox"/>	Discharge Instructions	T;N, Activity: no strenuous activity for 2 weeks
<input type="checkbox"/>	Discharge Instructions	T;N, Diet: Diet as tolerated
<input type="checkbox"/>	Discharge Instructions	T;N, Followup Appointments: Followup with Primary Care MD in ____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Followup Appointments: Followup with Dr. _____ in _____ weeks.
<input type="checkbox"/>	Discharge Instructions	T;N, Wound/Incision Care: Dressing Changes
<input type="checkbox"/>	Discharge Instructions	T;N, Other Instructions: Notify MD for worsening condition including swelling, bleeding, drainage.
PE Tubes and/or Adenoidectomy		
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Keep ears dry
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Use ear plugs or cotton ball with petroleum jelly when bathing, washing hair, or swimming
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Use ear drops as directed
<input type="checkbox"/>	Discharge Instructions	Other Instructions: May have bloody drainage for 2-3 days and will gradually decrease
<input type="checkbox"/>	Discharge Instructions	Other Instructions: May return to school tomorrow
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Call for puslike drainage, temperature greater than 102 degrees or concerns.
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Adenoidectomy: Will have bloody drainage from nose that will eventually decrease. DO NOT blow nose for 48 hours.
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Adenoidectomy: May return to school in 2-3 days.
<input type="checkbox"/>	Discharge Instructions	Follow Up Appointments: Return to ENT Clinic in 6 weeks



Physician Orders

PED ENT Discharge Orders Phase

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

PEDIATRIC

T&A		
<input type="checkbox"/>	Discharge Instructions	Diet: Cool clear liquids today, soft diet for 2 days then advance
<input type="checkbox"/>	Discharge Instructions	Diet: Avoid citrus or tomato products
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Do not use a straw for 48 hours
<input type="checkbox"/>	Discharge Instructions	Diet: Encourage fluids, at least 8 ounce glasses/day
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Go to nearest ER for bright red bleeding or patient refusing to drink.
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns
<input type="checkbox"/>	Discharge Instructions	Activity: No rough play or sports/PE X 2 weeks (child usually out of school for 1 week)
<input type="checkbox"/>	Discharge Instructions	Follow Up Appointments: Return to ENT Clinic in 2 weeks
Tympanoplasty		
<input type="checkbox"/>	Discharge Instructions	Wound/Incision Care: Keep dressing/ear cup on until tomorrow
<input type="checkbox"/>	Discharge Instructions	Wound/Incision Care: Keep site/ear clean and dry until follow up; may wash hair over sink with assistance
<input type="checkbox"/>	Discharge Instructions	Wound/Incision Care: May change cotton ball as needed after cup removed
<input type="checkbox"/>	Discharge Instructions	Wound/Incision Care: Apply triple antibiotic ointment to incision 2-3 times daily
<input type="checkbox"/>	Discharge Instructions	Activity: No strenuous activity for 2 weeks or as otherwise directed, no heavy lifting
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Instruct patient to sneeze with mouth open
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Call doctor for temperature greater than 102 degrees or questions/concerns
<input type="checkbox"/>	Discharge Instructions	Other Instructions: Use ear drops as directed

Date

Time

Physician's Signature

MD Number