UMC Health System

NICU DISCHARGE PLAN

Patient Label Here

	PHYSICIAN ORDERS				
Diagnosis					
Weight	Allergies				
	Place an "X" in the Orders column to designate orders of choice AND a	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.			
ORDER	ORDER DETAILS				
	Admit/Discharge/Transfer				
		Discharge Condition: Stable Discharge Condition: Other			
	General				
	☐ Discharge To: Home per CPS safety plan ☐ Discharge To: 3rd Party Release ☐	Discharge To: Home with H Discharge To: Home with H Discharge To: Adoptive Fal Discharge To: Foster Famil	łospice mily		
	Discharge Instructions Pediatric/Infant ☐ Discharge Instructions: Call/go to EC if problem/symptom worsen Have follow-up labs/x-rays/dx tests done Keep all follow-up appointments No smoking around child Car seats for all car rides Take all medications as prescribed, Call MD For: Increas				
	Discharge Misc Education for Patient				
	Discharge Monitoring				
	Diet				
	Discharge Infant Feeding				
	Discharge Bolus Tube Feeding Additional Instructions: Give Bolus feedings at 8am, 11am, 2pm and 5pm				
	Discharge Continuous/Cyclic Tube Feeding Feeding Schedule: Run 10 hrs/day from 8p to 6a				
	Activity				
	Discharge Infant Bathing				
	Discharge Extremity Care (ROM, CPM, etc)				
	Line, Drain, and Wound Care				
	Discharge Ostomy Care Instructions				
	Discharge Gastric Tube Care Instructions				
	Discharge Open Wound Care Instructions				
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site	te Care Instructions)			
	Follow Up				
	Discharge Follow-up Appointment (Discharge Follow-up Appointment (Peds/NICU)) Follow Up With: Pediatrician				
	Discharge Follow-up Appointment (Discharge Follow-up Appointment (Peds/NICU))				
	Discharge Follow-up Appointment (Discharge Follow-up Appointment (Peds/NICU))				
	Discharge Follow-up Appointment (Discharge Follow-up Appointment (Peds/NICU))				
□ то	Read Back	canned Powerchart	☐ Scanned PharmScan		
Order Taken by Signature: Date Time			Time		
DL - C'C - C'C - A					

Version: 3 Effective on: 11/08/23

1 of 2

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Patient Label Here

	PHYSICIAN ORDERS				
	Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.				
ORDER	ORDER DETAILS				
	Discharge Follow-up Lab				
	Discharge Follow-up Radiology				
	Respiratory Orders				
	Discharge Oxygen Settings				
	Discharge Tracheostomy Care Instructions				
	Services that have been arranged				
	This section is to be filled out by Social Services.				
	Discharge DME Instructions				
	Discharge Home Health Instructions				
	Discharge Hospice Instructions				
	Discharge Other Services Arranged Patient Care				
	Consult ECI				
□ то	☐ Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature:		Date	Time		
Physician Signature:		Date	Time		