



<p><b>UMC Health System</b></p> <p>NICU DISCHARGE PLAN</p>	<p>Patient Label Here</p>
--	---------------------------

**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
<b>Respiratory Orders</b>	
	Discharge Oxygen Settings
	Discharge Tracheostomy Care Instructions
<b>Services that have been arranged</b>	
	This section is to be filled out by Social Services.
	Discharge DME Instructions
	Discharge Home Health Instructions
	Discharge Hospice Instructions
	Discharge Other Services Arranged
<b>Patient Care</b>	
	Consult ECI

TO   
  Read Back   
  Scanned Powerchart   
  Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_