UMC Health System NICU HOME HEALTH PLAN		Patient Label Here	
PHYSICIAN ORDERS			
Diagnosis			
Weight	Allergies		
	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		
	Patient Care		
	Social Services for Assessment and Eval T;N, Social Services to assess for home health nursing needs		
	Social Services for Home Health Care Social Services to assess for home health nursing needs		
	Infant Feeding □ T;N		
	Home Health Outpatient Therapies T;N, PT/OT/ST to evaluate and treat as indicated		
	NICU Home Health Care T;N, for Ostomy Care		
	NICU Home Health Care T;N, for Trach Care		
	NICU Home Health Care T;N, For G- Tube care		
	Vital Signs □ T;N, Per Unit Standards, With every visit		
	Continuous Pulse Oximetry		
	Maintain Respiratory Support T;N, Keep Oxygen saturations above 90%		
	Weigh Patient One Time Order		
	NICU Medications as Prescribed		
	Communication		
	Notify Nurse (DO NOT USE FOR MEDS)		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, Pediatrician Contact Information		
	Notify Nurse (DO NOT USE FOR MEDS) T;N, DME Company:		
	Dietary		
	Infant Nutrition (NICU)		
 П то	Read Back	Scanned Powerchart	Scanned PharmScan
		J Scallieu Powerchart	
Order Taken by Signature:		Date	Time
Physician Signature:		Date	Time

