

|   |                           |
|---|---------------------------|
| <b>UMC Health System</b><br><br><b>PEDIATRIC DISCHARGE PLAN</b> | <b>Patient Label Here</b> |
|---|---------------------------|

**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**

**Admit/Discharge/Transfer**

The Discharge Plan is a multi-contributor workflow. Teams should add to and update this plan throughout the patient stay. When the patient is ready for discharge, the provider should place the Discharge Patient order and then nursing will initiate this plan.

REMINDER: The provider must also complete the Discharge Medication Reconciliation and a Discharge Summary note.

**General**

**Discharge Condition**  
 Discharge condition: Improved  Discharge condition: Stable  
 Discharge condition: Fair

**Discharge Disposition**  
 Discharge to Home  Discharge to Home with Home Health  
 Discharge to Another Hospital  Discharge to Children's Hospital  
 Discharge To: Home with Hospice

**Discharge Instructions Pediatric/Infant**

**Discharge Call Clinic**

**Discharge Misc Education for Patient**

**Diet**

**Discharge Pediatric Diet**  
 Discharge diet: Regular  Discharge diet: Resume pre-hospital diet

**Discharge Infant Feeding**

**Discharge Continuous/Cyclic Tube Feeding**

**Discharge Bolus Tube Feeding**

**Activity**

**Discharge Pediatric Activity**  
 Your allowed activity is As tolerated  
 Your allowed activity is Car seat for all car rides | Place infant on back to sleep  
 Your allowed activity is No restriction

**Discharge Infant Bathing**  
 Bathing Instructions: Never leave infant alone in bath | Sponge bath until cord falls off  
 Bathing Instructions: Never leave infant alone in bath

**Discharge Bathing Instructions**

**Discharge Extremity Care (ROM, CPM, etc)**

**Line, Drain, and Wound Care**

**Discharge Open Wound Care Instructions**

**Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)**

**Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)**

**Discharge Chest Tube/Pleural Tube Care I (Discharge Chest Tube/Pleural Tube Care Instructions)**

TO  Read Back  Scanned Powerchart  Scanned PharmScan

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

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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**PHYSICIAN ORDERS**

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| <b>ORDER</b> | <b>ORDER DETAILS</b>   |
|--------------|--|
|              | Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Nephrostomy Care Instructions) |
|              | Discharge Gastric Tube Care Instructions   |
|              | Discharge Ostomy Care Instructions   |
|              | <b>Follow Up</b>   |
|              | 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))            |
|              | Discharge Follow-up Radiology  |
|              | Discharge Follow-up Lab  |
|              | Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)     |
|              | The order below is for OR procedures scheduled by BICU/BIMC.                             |
|              | Discharge Scheduled Procedures   |
|              | <b>Respiratory Orders</b>  |
|              | Discharge Oxygen Settings  |
|              | Discharge BiPAP Settings   |
|              | Discharge CPAP Settings  |
|              | Discharge Tracheostomy Care Instructions   |
|              | Discharge Ventilator Settings  |
|              | <b>Communication</b>   |
|              | Patient May Return to Work/School  |
|              | <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 Outpatient Rehab Instructions  |
|              | Discharge Hospice Instructions   |
|              | Discharge Hemodialysis Instructions  |
|              | Discharge Other Services Arranged  |
|              | <b>Speciality Orders</b>   |
|              | Discharge Monitoring   |
|              |  |

TO   
 Read Back   
 Scanned Powerchart   
 Scanned PharmScan

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

