ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) **ALLERGY: Pediatrics/PICU Discharge Orders** □ NKDA Date: _____ Time: _____ Weight _____ kg Discharge to: ☐ Discharge home with parent(s)/legal guardian(s) □ Discontinue IV access □ Discharge home with home health services ☐ Discharge to Guam Behavioral Health and Wellness □ No discharge medications Center □ Discharge to off-island facility: _____ **Discharge Medications:** IVF and MEDICATION ORDERS ONLY □ Other: _____ □ Social Service clearance before discharge ☐ CPS clearance before discharge **Discharge Diagnosis:** and MEDICATION ORDERS ONLY Condition: _____ **Diet** □ Regular for age ☐ Breastfeeding/breast milk on demand ☐ Clear liquids ☐ Full liquids □ Soft diet □ Low fat □ Low salt VF and MEDICATION ORDERS ONLY ☐ Low potassium ☐ Diabetic diet. Specify: ☐ Gastric tube feedings. Specify: □ Other: _____ Activity □ No restrictions ☐ Resume normal activities as tolerated □ Bed rest □ With restrictions. Specify: _____ □ Other: _____ Summary/Blanket orders are unacceptable. DO NOT USE: Medication orders must be complete. PRN medication orders must include an indication. ΙU MSO₄ Write legibly. Q.D. MgSO₄ $\begin{array}{ll} Q.D. & MgSO_4 \\ Q.O.D. & Trailing zero \end{array}$ Rewrite orders upon transfer and/or post-operatively. Physician's Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero Initials

Physician's Order Form

PATIENT ID LABEL

Pediatrics/PICU Discharge Orders Guam Memorial Hospital Authority

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ITEMS WITH BOXES/PARENTHASES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid. PHYSICIAN'S ORDER INTRAVENOUS FLUID and MEDICATION ORDERS (EXCLUDING IV Fluids and MEDICATIONS) **ALLERGY: Follow-up Appointment** □ Follow-up with _____ IVF and MEDICATION ORDERS ONLY □ NKDA On _____ Follow-up with _____ On _____ ☐ May return to school on _____ **Special Equipment at Discharge** □ None □ Oxygen at _____ LPM via _____ □ Wheelchair IVF and MEDICATION ORDERS ONLY □ Crutches □ Other: _____ **Patient Family Education** ☐ Educate patient and/or parent(s)/legal guardian(s) on: IVF and MEDICATION ORDERS ONLY When to seek medical attention: ☐ If fever recurs for more than 2 days □ Poor appetite □ Lethargy ☐ Worsening symptoms □ Other: _____ **Special instructions:** and MEDICATION ORDERS ONLY ☐ Use appropriate car seat when traveling ☐ Promote non-smoking environment □ Provide handout on smoking cessation □ TORB/VORB Physician _____ □ Other instructions: Date ______ Time _____ Nurse Signature _____ Physician Signature _____ Date _____ Time ____ DO NOT USE: Summary/Blanket orders are unacceptable. Medication orders must be complete. MSO₄ PRN medication orders must include an indication. IU Write legibly. Q.D. MgSO₄ Rewrite orders upon transfer and/or post-operatively. 0.0.D. Trailing zero Date, time, and sign verbal & telephone orders within 48 hours. Lack of leading zero

Physician's Order Form Pediatrics/PICU Discharge Orders

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