



**PHYSICIAN'S ORDER  
(EXCLUDING IV Fluids and MEDICATIONS)**

**Follow-up Appointment**

Follow-up with \_\_\_\_\_  
On \_\_\_\_\_

Follow-up with \_\_\_\_\_  
On \_\_\_\_\_

May return to school on \_\_\_\_\_

**Special Equipment at Discharge**

None

Oxygen at \_\_\_\_\_ LPM via \_\_\_\_\_

Wheelchair

Crutches

Other: \_\_\_\_\_

**Patient Family Education**

Educate patient and/or parent(s)/legal guardian(s) on:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When to seek medical attention:**

If fever recurs for more than 2 days

Poor appetite

Lethargy

Worsening symptoms

Other: \_\_\_\_\_

**Special instructions:**

Use appropriate car seat when traveling

Promote non-smoking environment

Provide handout on smoking cessation

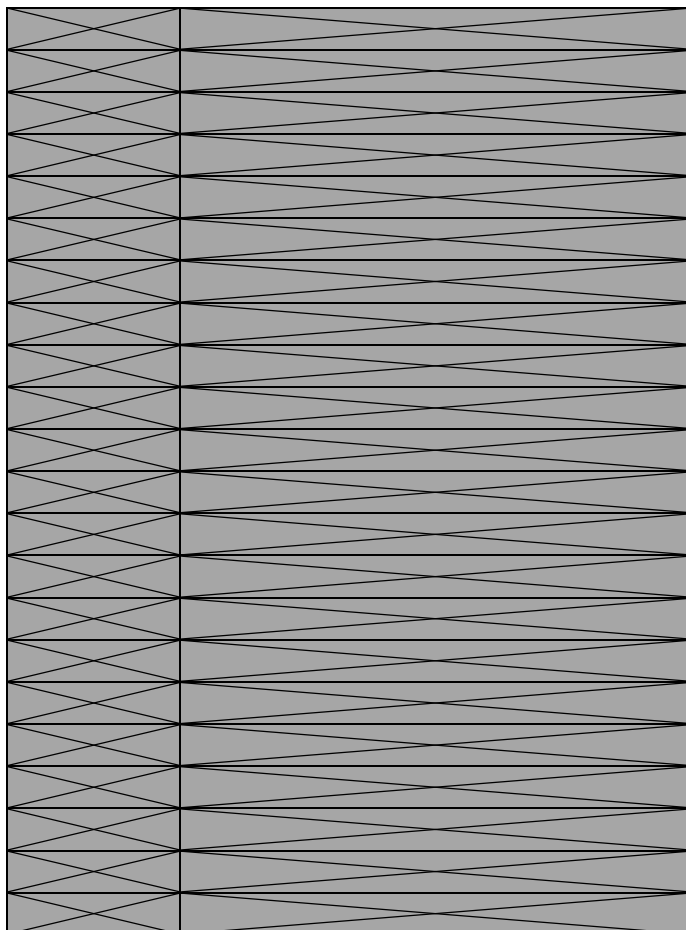
Other instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IVF and MEDICATION ORDERS ONLY

**INTRAVENOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

NKDA



TORB/VORB Physician \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Nurse Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

- ✓ Summary/Blanket orders are unacceptable.
- ✓ Medication orders must be complete.
- ✓ PRN medication orders must include an indication.
- ✓ Write legibly.
- ✓ Rewrite orders upon transfer and/or post-operatively.
- ✓ Date, time, and sign verbal & telephone orders within 48 hours.

- DO NOT USE:**
- U MS
  - IU MSO<sub>4</sub>
  - Q.D. MgSO<sub>4</sub>
  - Q.O.D. Trailing zero
  - Lack of leading zero

**Physician's Order Form  
Pediatrics/PICU Discharge Orders**

PATIENT ID LABEL