

DISCHARGE SUMMARY / INSTRUCTIONS NICU

1DSI

Date: _____ Time: _____

PCP Name: _____

BW: lbs. _____ oz. _____ Kg _____

Provider's Discharge Assessment: _____

☐ Faxed to PCP office

Fax number: _____

Discharge wt: lbs. _____ oz. _____ Kg _____

☐ see discharge progress notes

Discharge Diagnosis: _____

Comorbidities: _____

Discharge Orders (not prescription):

☐ Discharge home with parents, infant in a car ☐ seat ☐ bed☐ Transfer to: _____☐ Diet:☐ Breast feed on demand☐ Formula on demand☐ Printed "Home Formula Instructions" given to parents☐ Other formula preparation instructions given to parents: _____

Other orders: _____

Activity: ☐ normal newborn☐ other: _____

Additional Test required or recommended after discharge: _____

Follow up appointments:

☐ Primary Care Physician: _____ Phone number: _____

Follow up in _____ days _____ weeks

If appt. made - Date: _____ Time: _____

☐ Lactation follow up (425) 304-6160

If appt. made - Date: _____ Time: _____

☐ Public Health Care Nurse Date: _____ Time: _____☐ Children's Center 4 month follow up (425) 258-7512

If appt. made - Date: _____ Time: _____

☐ Children's Center Dietician follow up (425) 258-7512 ☐ 2 - 4 weeks or ☐ _____

If appt made - Date: _____ Time: _____

(Please bring the "Home Formula Instructions" with you to your appointment)

Other: _____

Medication: (medication, dose, frequency, route) _____

☐ Additional instructions: _____☐ See additional order sheet

I understand the above instructions and have had all my questions answered in regards to my baby and follow up. I have checked the identification band on the baby and on me and found they were identically numbered and the numbers are: _____

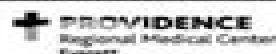
_____ The identification band also contained the correct identifying information (name, date of birth).

Patient/Guardian Signature: _____

Nursing Signature: _____

Discharge: _____ Date: _____ Time: _____

DATE: 06/29/2011 TIME: 1054 LIP SIGNATURE: _____ ID #: _____



Colby Campus • 1021 Colby Ave.
 Pacific Campus • 515 Pacific Ave.
 Pavilion for Women and Children • 900 Pacific Ave.
 Providence Regional Cancer Partnership
 1717 12th Street • Everett, WA, 98201

PLACE PATIENT LABEL HERE

DISCHARGE SUMMARY / INSTRUCTIONS NICU
 (03/08)

Patient Name: _____

Birthdate: _____

34126 (06/11/11)

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Subcommittee on the Department of
the Interior and Related Agencies**

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