PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

Pediatrics/PICU Discharge Orders

Date: ____________  Time: ____________

Discharge to:
☐ Discharge home with parent(s)/legal guardian(s)
☐ Discharge home with home health services
☐ Discharge to Guam Behavioral Health and Wellness Center
☐ Discharge to off-island facility: ______________________
☐ Other: _______________________________________

☐ Social Service clearance before discharge
☐ CPS clearance before discharge

Discharge Diagnosis:
____________________________________________
____________________________________________
____________________________________________

Condition: ______________________________________

Diet
☐ Regular for age
☐ Breastfeeding/breast milk on demand
☐ Clear liquids
☐ Full liquids
☐ Soft diet
☐ Low fat
☐ Low salt
☐ Low potassium
☐ Diabetic diet. Specify:
☐ Gastric tube feedings. Specify:
☐ Other: ______________________

Activity
☐ No restrictions
☐ Resume normal activities as tolerated
☐ Bed rest
☐ With restrictions. Specify: ______________________

☐ Other: _______________________________________

INTRAVENTOUS FLUID and MEDICATION ORDERS

ALLERGY:

☐ NKDA

Weight _______ kg

☐ Discontinue IV access
☐ No discharge medications

Discharge Medications:
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________
____________________________________________

Physician’s Order Form

Pediatrics/PICU Discharge Orders

Guam Memorial Hospital Authority
Page 1 of 2 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17
Form# CPOE-014
### Physician’s Order Form

**Pediatrics/PICU Discharge Orders**

Guam Memorial Hospital Authority

Page 2 of 2 Approved: Peds 5/16, P&T 5/16, MEC 5/16, HIMC 3/17

Form# CPOE-014

---

**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: _____________________________

---

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**
- NKDA

**Special Equipment at Discharge**

**Patient Family Education**

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: _____________________________

---

**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   MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero

---

**Physician’s Signature**

**Date _______________  Time _______________**

**Nurse Signature**

**Date _______________  Time _______________**

**Physician’s Order Form**

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

- NKDA

**Special Equipment at Discharge**

**Patient Family Education**

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: _____________________________

---

**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   MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero

---

**Physician’s Signature**

**Date _______________  Time _______________**

**Nurse Signature**

**Date _______________  Time _______________**

**Physician’s Order Form**

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

- NKDA

**Special Equipment at Discharge**

**Patient Family Education**

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: _____________________________

---

**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   MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero

---

**Physician’s Signature**

**Date _______________  Time _______________**

**Nurse Signature**

**Date _______________  Time _______________**

**Physician’s Order Form**

**INTRAVENTOUS FLUID and MEDICATION ORDERS**

**ALLERGY:**

- NKDA

**Special Equipment at Discharge**

**Patient Family Education**

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: _____________________________

---

**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   MSO₄
- Q.D. MgSO₄
- Q.O.D. Trailing zero
- Lack of leading zero

---

**Physician’s Signature**

**Date _______________  Time _______________**

**Nurse Signature**

**Date _______________  Time _______________**