## Neonatal (NICU) Discharge

**Height_____________________
Weight_____________________
Allergies____________________**

### General

**Discharge Diet**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
</table>
| [] | Diet instructions | Routine, Normal
| | Comments: __________________________ Required |

**Nursing Interventions Discharge Preparations**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X]</td>
<td>Follow-up primary provider</td>
</tr>
</tbody>
</table>
| [] | Discharge instructions | Routine, Clinic Performed
| | Comments: __________________________ Required |

**Outpatient Ancillary Referrals**

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
</table>
| [X] | Ambulatory referral to Nutrition Services | Internal Referral
| | Reason for Referral: __________________________ Required |
| [] | Discharge Follow-Up with Neonatal High Risk Clinic at Mary Bridge | Routine, Clinic Performed |
| [] | Ambulatory referral to Audiology | Internal Referral |
| [] | Amb referral to Pediatric Ophthalmology | Internal Referral |
| [] | Ambulatory referral to Pediatric Surgery | Internal Referral |

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**Date:** ______  **Time:** ______  **Printed Name of Ordering Provider:** ________________________________________________________________

**Provider Signature:** ________________________________________________________________

**Date:** ______  **Time:** ______  **RN Acknowledged:** ________________________________________________________________

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**Provider Initial:** __________________________

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**Neonatal (NICU) Discharge [30400525]**

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**Physician Orders**

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**Franciscan Health System**

St. Joseph Medical Center
St. Francis Hospital - St. Clare Hospital
St. Elizabeth Hospital - St. Anthony Hospital
Highline Medical Center
Harrison Medical Center
Franciscan Medical Group
Harrison HealthPartners
Regional Hospital

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**Patient Information**