UNIVERSITY OF VIRGINIA HEALTH SYSTEM

0400002

PLACE LABEL HERE.

July 2009
FORM NO. 060902

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

DEPARTMENT OF RADIOLOGY — PEDIATRIC STANDARDIZED DISCHARGE FORM

Date_____ Time_____ Accompanied by: ☐ Family ☐ Friend Other_____

Via: ☐ Amb ☐ WC ☐ Carrier/Stretcher Other_____ Belongings Returned: ☐ Yes ☐ NA

Procedure Performed:_____ by Dr._____

Medication Given: Drug:_____ Total Dose_____ Last given at_____

Drug:_____ Total Dose_____ Last given at_____

Drug:_____ Total Dose_____ Last given at_____

ONLY THOSE ITEMS CHECKED ARE YOUR PERSONAL INSTRUCTIONS:

SPECIAL INSTRUCTIONS:

- ☐ Report/results of the procedure will be sent to the MD who referred you here.
- ☐ CHILD may feel sick on the stomach and have loose bowel movements. If child vomits more than two (2) times or has more than four (4) loose bowel movements, call your doctor or UVa as below.
- ☐ If CHILD develops a rash, call your doctor or UVa as below.
- ☐ The IV site may feel sore until tomorrow. Wet warm soaks for 15-30 minutes every few hours will help. If it becomes hot, red, swollen or painful, call your doctor or UVa Radiology (as listed below).

ACTIVITY:

- ☐ CHILD may be sleepy, fussy, more unreasonable or behave in a different way for a period of time. Your CHILD is more apt to fall down or bump into things. Watch closely to prevent accidents.
- ☐ CHILD may intermittently go back to sleep. Watch closely to assure CHILD is breathing without difficulty.
- ☐ CHILD may be sleepy the remainder of the day. Avoid any activity that requires coordination or attention to detail.
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DIET:

- ☐ When your CHILD feels hungry and is FULLY AWAKE, start with small amounts of liquid. If liquids are tolerated, advance slowly to soft then to solid food. Initially avoid foods that need to be chewed well before swallowing.
- ☐ Vomiting after some sedation is not uncommon in children. This means you have to advance to liquids more slowly.
- ☐ When fully awake, resume normal diet.

If you have any questions or problems, please call 1 (877) 817-3865 or 924-9400. Press 1 when menu starts. Ask for Radiology Nurse 8 AM to 9 PM, Monday – Friday. Saturday – Sunday 8 AM to 8 PM. After those hours, ask for the Radiology Resident On-call.

I understand the above information and accept responsibility for a safe discharge:

_____ Reviewed by_____

RESPONSIBLE ADULT SIGNATURE/ RELATIONSHIP NURSE'S SIGNATURE

If Translated: INTERPRETER ATTESTATION (when applicable)

Translation has been provided by:_____ Date/Time_____

SIGNATURE OF INTERPRETER/CYRAcOM id#

Recibi una copie traducida de este documento. Patient Initials_____

(I received a translated copy of this document) Form #_____