

McLaren Print System Order

Order No: 91049
 Order Date: 2024-12-23
 Order Request Date:
 User: Jennifer Emmert
 Phone: 810-989-3445

Ship Location: McLaren Port Huron- Family Birth Place, 4th Floor north tower
 1221 Pine Grove Ave
 Port Huron, MI 48060

Brochures
 Quantity: 500
 Paragon Dept No: 30610
 Dept Name: Family Birth Place
 Company Number:

Order Total Price: 96.00

Item Number: MPH-005
 Item Description: MOTHER BABY DISCHARGE INSTRUCTIONS
 Revision Date: 12/2024
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: 5 Hole Top
 Poster:
 Misc Info: 8.5x11 Black 3 Part

McLaren Port Huron
 1221 Pine Grove, Port Huron, MI 48060

Mother - Baby Discharge Instructions

MOM	INFANT
Tetanus - Diphtheria - Pertussis <input type="checkbox"/> Given <input type="checkbox"/> Refused	Hepatitis B: <input type="checkbox"/> Given on _____ <input type="checkbox"/> Refused
Influenza vaccine <input type="checkbox"/> Given <input type="checkbox"/> Refused	Discharge with _____ <input type="checkbox"/> C/S/MS <input type="checkbox"/> Yes
Pneumococcal vaccine <input type="checkbox"/> Given <input type="checkbox"/> Refused/N/A	<input type="checkbox"/> Circumcise <input type="checkbox"/> Not/circum. Screen
Verbalizes & understands care of <input type="checkbox"/> Self <input type="checkbox"/> Infant	Newborn Hearing Screen <input type="checkbox"/> Passed <input type="checkbox"/> Referred
NICU: Mom's postpartum right/ot or oth card: <input type="checkbox"/> Yes <input type="checkbox"/> N/A	IF REFERRED: appt made for _____
Dr's written instructions <input type="checkbox"/> Given by _____	<input type="checkbox"/> Discharge Exam Physician _____
Mom's condition on discharge _____	Infant's condition on discharge _____
Pain score at discharge _____	Birth certificate signed <input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription for Pain _____ Vitamin/K <input type="checkbox"/>	Affidavit of paternity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Referral (specify) _____	<input type="checkbox"/> O-ID <input type="checkbox"/> Passed <input type="checkbox"/> Failed
Other _____	
Follow-up date _____	
Mom _____	Baby <input type="checkbox"/> _____ days/weeks OR Date _____
REMNICKER: Add Baby to insurance policy / Medicaid plan	
Warning Signs to call your Physician	
For Mom: <ul style="list-style-type: none"> Fever greater than 101, with or without chills Foul smelling vaginal discharge Severe or excessive vaginal bleeding Severe pain/area on leg that is red/tender to touch Burning sensation during urination or inability to urinate Excessive pain in vaginal or rectal area Crying and periods of sadness beyond two weeks Increase that is red, draining or painful 	For Baby: <ul style="list-style-type: none"> Fever of 100.2 or higher Eyes are red, swollen or draining yellow pus Baby cries more than usual and you cannot ease his/her Frequent coughing or choking with each feeding Belching or rash of the skin Baby does not want to eat Baby's lips or mouth are blue and she/he is breathing fast
Mom discharged with: <input type="checkbox"/> Husband <input type="checkbox"/> SO <input type="checkbox"/> Other _____	Baby discharged with Mom: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mom and baby discharge by wheelchair: <input type="checkbox"/> Yes <input type="checkbox"/> No	Discharge Time _____
Mom and Baby ID verification of switching band #: _____ performed by: _____	
Important Phone Numbers: McLaren Port Huron (810) 987-0200 Family Birth Place (810) 989-3438	Baby's Physician () _____ () _____
Parent Signature _____ Date/Time _____	Nurse's Signature _____ Date/Time _____

Spec Info: Original Poster Size



DISCHARGE INSTRUCTIONS
 MPH-005 (8.5x11)

Distribution: Original to: Mother Chart
 Copy 2 to: Infant Chart
 Copy 3 to: Patient