



Children's Mercy Hospitals and Clinics
 2401 Gillham Road
 Kansas City, MO 64108

Patient Name: Zzpmtest, Erickson
 Location: 4 Sutherland Tower
 Attending Provider: Bingler, MD, Michael A
 DOB/Age/Sex: 12/18/2013 3 months Male

Admit Date:
 Disch Date:
 MRN: 01575918
 Acct: 345322044

Discharge Documentation

Document Name: Depart Summary Inpatient Signed By: Erickson, Lori, RN, APRN
 Event Date: 04/10/2014 15:31 CDT Signed Date/Time: 04/10/2014 15:31 CDT
 Result Status: Auth (Verified) Reviewed By:

Depart Summary Inpatient
Children's Mercy Hospitals and Clinics
 2401 Gillham Road, KC, MO
 (816) 234-3000

Patient Dismissal Form

Name: Zzpmtest, Erickson	Gender: Male
DOB: 12/18/2013 12:00 AM	Age: 3 Months
Address: 1111 Kansas City MO 64114	Phone: (816) 234-3209
PCP: Erickson, Lori, RN, APRN	MRN: 01575918
PCP Phone: (816)234-3880	FIN: 345322044
Admit Date:	Admitted From: Home to Inpt Unit
Type of Medical Service: Cardiology, Pediatrics - Blue	Referring By: Erickson, Lori, RN, APRN
Discharged:	Discharge Disposition:

DISCHARGE DIAGNOSIS:

MEASUREMENTS:

Admit weight:
Last charted:
 Weight:
 Height:

ADVERSE REACTIONS:

MEDICATIONS: See Medication List (attached)

SCHEDULED APPOINTMENTS:

Chart Request ID: 20744269
 Patient Name: Zzpmtest, Erickson

Print Date/Time: 4/10/2014 15:33
 MRN: 01575918

Discharge Documentation

Document Name:	Depart Summary Inpatient	Signed By:	Erickson, Lori, RN, APRN
Event Date:	04/10/2014 15:31 CDT	Signed Date/Time:	04/10/2014 15:31 CDT
Result Status:	Auth (Verified)	Reviewed By:	

EDUCATION:

Inpatient Discharge Form

04/10/14 15:27 CDT Performed by Erickson, Lori, RN, APRN

Entered on 04/10/14 15:31 CDT

General Discharge Information

Tentative Discharge Date: 04/10/14 17:00

Attending Physician: Bingler, MD, Michael A

Discharge-Disposition: Home

Newborn Screen Done: N/A

Diet/Nutrition

Discharge-Home Diet: Formula/Breastmilk

Discharge-Formula/Breastmilk Type: Breastmilk

Discharge-Formula/Breastmilk Additives: ELEcare infant formula

Discharge-Formula/Brstmilk Final Kcal/oz: 26 calories/ounce

Discharge-#2 Formula/Breastmilk Type: ELEcare infant formula

Discharge-#2Fmula/Brstmk Final Kcal/oz: 26 calories/ounce

Discharge-Feeding Amount: 90ml

Discharge-Feeding Frequency: every 3 hours

Discharge-Formula Route: PO (By mouth)

Fdg Route Issues-Provider Contact Info: A. Moore, Cardiac Nutrition

Discharge-Special Formula Instructions: CONCENTRATED BREAST MILK - 26 CALORIES/OUNCE**

1. Pour 85 ml of breast milk in a bottle.
2. Add 1 1/2 teaspoon of infant formula* powder to the breast milk.
3. Swirl gently to mix.
4. If 85 ml is more than is needed for one feeding, cover and refrigerate any volume that will not be fed immediately.
5. Feed your baby.
6. Throw away any concentrated breast milk left in the bottle when your baby is finished drinking or within an hour after feeding your baby.
7. To reheat concentrated breast milk that has been refrigerated, place the bottle in a cup of warm water.
8. Use within 24 hours of mixing.

ELECARE FORMULA - 26 CALORIES/OUNCE
(Amino Acid-Based)

ADD 4 SCOOPS, UNPACKED, LEVEL, ELECARE POWDER
TO 6 OZ WATER OR ADD 1 CUP, UNPACKED, LEVEL, ELECARE POWDER (130 GRAMS)

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Children's Mercy Hospital & Clinics | Kansas City

TO 21 OUNCES (2 2/3 CUPS) WATER

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Thickener Recipe: Not needed

Weight Gain Goal: 20 gm/day

Home Nutrition Advancement Plan: Increase oral feeds by goal of 5ml each feed every monday (on 4/17/14- go up to 95ml every 3 hours etc).

Cardiac Order Details

Discharge-Cardiology Procedure: CHAMP Orders

Discharge-CHAMP Orders: Weekly phone or email communication with CMH CHAMP Team at CHAMP@cmh.edu and

816-234-3209 during business hours M-F, Check oxygen saturations twice daily, Daily weight, Document weight when done by PCP or Home Nursing, Utilize Home Notebook or documentation as directed, Report CHAMP Providers of Red Flags or concerns including, Significant vomiting or diarrhea and concerns of dehydration, Change in feeding tolerance or feeding difficulty, Low oxygen saturations less than goal, Irritability or change in responsiveness to you, Weight loss over 3 days, Utilize Pediatric Emergency Form if you have to call EMS or go to local Emergency Room, Follow up in Cardiology Clinic as scheduled 816-234-3880

CHAMP Oxygen Saturation Goal: >75%

Should you have questions about the above patient, please page the Medical Service team that was assigned (after Rounds are completed at noon, if possible) or feel free to call the attending physician listed above.

Red Team	816-458-7004	Silver Team	816-458-7009
Purple Team	816-458-7003	Blue Team	816-458-6635
Green Team	816-458-7000	Gold Team	816-458-6644
Orange Team	816-458-7002	PICU Resident	816-458-7006

If you have received this transmission in error, please immediately notify the Privacy Officer at 816-701-4573 or return the fax via fax to 816-802-1440.

Medication List

Name: Erickson Zzpmtest

Age: 3 Months

Chart Request ID: 20744269
Patient Name: Zzpmtest, Erickson

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MRN: 01575918

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This is a current list of medications your child is taking. This list includes medications prescribed at this visit, medications you told us your child was taking and/or medications from your child's record. Some of these medications may not have been prescribed by the provider listed below or at this visit. Please work closely with the prescribing health care provider if you have questions about the medications on this list. Keep an up-to-date list of your child's medications with you at all times.

Current Medications as of 04/10/2014 15:31

None

This list is from: 4 Sutherland Tower

Printed on: 04/10/2014 15:31