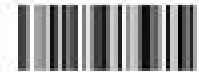


# DISCHARGE SUMMARY / INSTRUCTIONS NICU



1DSI

Date: \_\_\_\_\_ Time: \_\_\_\_\_

PCP Name: \_\_\_\_\_

BW: lbs. \_\_\_\_\_ oz. \_\_\_\_\_ Kg \_\_\_\_\_

Provider's Discharge Assessment:

Faxed to PCP office

Fax number: \_\_\_\_\_

Discharge wt: lbs. \_\_\_\_\_ oz. \_\_\_\_\_ Kg \_\_\_\_\_

see discharge progress notes

Discharge Diagnosis:

Comorbidities:

Discharge Orders (not prescription):

Discharge home with parents, infant in a car  seat  bed

Transfer to: \_\_\_\_\_

Diet:

Breast feed on demand  Formula on demand

Printed "Home Formula Instructions" given to parents

Other formula preparation instructions given to parents: \_\_\_\_\_

Other orders:

Activity:  normal newborn

other: \_\_\_\_\_

Additional Test required or recommended after discharge: \_\_\_\_\_

Follow up appointments:

Primary Care Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Follow up in \_\_\_\_\_ days \_\_\_\_\_ weeks

If appt. made - Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lactation follow up (425) 304-6160

If appt. made - Date: \_\_\_\_\_ Time: \_\_\_\_\_

Public Health Care Nurse Date: \_\_\_\_\_ Time: \_\_\_\_\_

Children's Center 4 month follow up (425) 258-7512:

If appt. made - Date: \_\_\_\_\_ Time: \_\_\_\_\_

Children's Center Dietician follow up (425) 258-7512  2 - 4 weeks or  \_\_\_\_\_

If appt made - Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Please bring the "Home Formula Instructions" with you to your appointment)

Other: \_\_\_\_\_

Medication: (medication, dose, frequency, route)

Additional instructions:

See additional order sheet

I understand the above instructions and have had all my questions answered in regards to my baby and follow up. I have checked the identification band on the baby and on me and found they were identically numbered and the numbers are: \_\_\_\_\_ The identification band also contained the correct identifying information (name, date of birth).

Patient/Guardian Signature: \_\_\_\_\_

Nursing Signature: \_\_\_\_\_

Discharge: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

DATE: 06/20/2011 TIME: 1054 LIP SIGNATURE: \_\_\_\_\_ ID #: \_\_\_\_\_

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1717 12th Street - Everett, WA 98201

PLACE PATIENT LABEL HERE

DISCHARGE SUMMARY / INSTRUCTIONS NICU  
(03/08)

Patient Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

34128 (06/11/11)

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# **Fake Hospital Discharge Papers Washington**

**National Academies of Sciences,  
Engineering, and Medicine, Institute of  
Medicine, Board on Health Care  
Services, Committee on Diagnostic  
Error in Health Care**

## Fake Hospital Discharge Papers Washington

Disease Control Priorities, Third Edition (Volume 6) King K. Holmes,Stefano Bertozzi,Barry R. Bloom,Prabhat Jha,2017-11-06 Infectious diseases are the leading cause of death globally particularly among children and young adults The spread of new pathogens and the threat of antimicrobial resistance pose particular challenges in combating these diseases Major Infectious Diseases identifies feasible cost effective packages of interventions and strategies across delivery platforms to prevent and treat HIV AIDS other sexually transmitted infections tuberculosis malaria adult febrile illness viral hepatitis and neglected tropical diseases The volume emphasizes the need to effectively address emerging antimicrobial resistance strengthen health systems and increase access to care The attainable goals are to reduce incidence develop innovative approaches and optimize existing tools in resource constrained settings

Improving Diagnosis in Health Care National Academies of Sciences, Engineering, and Medicine,Institute of Medicine,Board on Health Care Services,Committee on Diagnostic Error in Health Care,2015-12-29 Getting the right diagnosis is a key aspect of health care it provides an explanation of a patient s health problem and informs subsequent health care decisions The diagnostic process is a complex collaborative activity that involves clinical reasoning and information gathering to determine a patient s health problem According to Improving Diagnosis in Health Care diagnostic errors inaccurate or delayed diagnoses persist throughout all settings of care and continue to harm an unacceptable number of patients It is likely that most people will experience at least one diagnostic error in their lifetime sometimes with devastating consequences Diagnostic errors may cause harm to patients by preventing or delaying appropriate treatment providing unnecessary or harmful treatment or resulting in psychological or financial repercussions The committee concluded that improving the diagnostic process is not only possible but also represents a moral professional and public health imperative Improving Diagnosis in Health Care a continuation of the landmark Institute of Medicine reports To Err Is Human 2000 and Crossing the Quality Chasm 2001 finds that diagnosis and in particular the occurrence of diagnostic errors has been largely unappreciated in efforts to improve the quality and safety of health care Without a dedicated focus on improving diagnosis diagnostic errors will likely worsen as the delivery of health care and the diagnostic process continue to increase in complexity Just as the diagnostic process is a collaborative activity improving diagnosis will require collaboration and a widespread commitment to change among health care professionals health care organizations patients and their families researchers and policy makers The recommendations of Improving Diagnosis in Health Care contribute to the growing momentum for change in this crucial area of health care quality and safety

Pain Management and the Opioid Epidemic National Academies of Sciences, Engineering, and Medicine,Health and Medicine Division,Board on Health Sciences Policy,Committee on Pain Management and Regulatory Strategies to Address Prescription Opioid Abuse,2017-09-28 Drug overdose driven largely by overdose related to the use of opioids is now the leading cause of unintentional injury death in the United States The ongoing opioid crisis lies at the intersection of two public health challenges reducing the burden of suffering from pain and containing the rising toll of the harms that can arise from the use of opioid medications Chronic pain and opioid use disorder both represent complex human conditions affecting millions of Americans and causing untold disability and loss of function In the context of the growing opioid problem the U S Food and Drug Administration FDA launched an Opioids Action Plan in early 2016 As part of this plan the FDA asked the National Academies of Sciences Engineering and Medicine to convene a committee to update the state of the science on pain research care and education and to identify actions the FDA and others can take to respond to the opioid epidemic with a particular focus on informing FDA s development of a formal method for incorporating individual and societal considerations into its risk benefit framework for opioid approval and monitoring

Medical Apartheid Harriet A. Washington, 2008-01-08 NATIONAL BOOK CRITICS CIRCLE AWARD WINNER The first full history of Black America's shocking mistreatment as unwilling and unwitting experimental subjects at the hands of the medical establishment. No one concerned with issues of public health and racial justice can afford not to read this masterful book. Washington has unearthed a shocking amount of information and shaped it into a riveting, carefully documented book. New York Times. From the era of slavery to the present day, starting with the earliest encounters between Black Americans and Western medical researchers and the racist pseudoscience that resulted, *Medical Apartheid* details the ways both slaves and freedmen were used in hospitals for experiments conducted without their knowledge, a tradition that continues today within some Black populations. It reveals how Blacks have historically been prey to grave robbing as well as unauthorized autopsies and dissections. Moving into the twentieth century, it shows how the pseudoscience of eugenics and social Darwinism was used to justify experimental exploitation and shoddy medical treatment of Blacks. Shocking new details about the government's notorious Tuskegee experiment are revealed, as are similar, less well-known medical atrocities conducted by the government, the armed forces, prisons, and private institutions. The product of years of prodigious research into medical journals and experimental reports, long undisturbed, *Medical Apartheid* reveals the hidden underbelly of scientific research and makes possible for the first time an understanding of the roots of the African American health deficit. At last, it provides the fullest possible context for comprehending the behavioral fallout that has caused Black Americans to view researchers and indeed the whole medical establishment with such deep distrust.

George Washington George Washington, 1988 Based almost entirely on materials reproduced from The writings of George Washington from the original manuscript sources 1745-1799 John C Fitzpatrick editor Includes indexes

*Prince of Quacks* Timothy B. Riordan, 2015-03-07 This is a biography of the controversial and flamboyant nineteenth century doctor Francis Tumblety. The doctor's exploits include arrests for complicity in the Lincoln assassination, selling abortion drugs, killing patients, indecent assault, and scrutiny as a possible suspect in the Jack the Ripper murders. Tumblety's sheen of respectability appeared, crafted to cover his homosexuality and his provocative fields of practice.

*No Higher Honor* Condoleezza Rice, 2012-09-04 NEW YORK TIMES BESTSELLER From the former national security advisor and secretary of state comes a sharp and penetrating reminder that foreign policy choices facing the United States are complex and difficult with no easy solutions. The Washington Post. A native of Birmingham, Alabama, who overcame the racism of the civil rights era to become a brilliant academic and expert on foreign affairs, Condoleezza Rice first distinguished herself as an advisor to George W. Bush during the 2000 presidential campaign and eventually became one of his closest confidantes. Once he was elected, she served first as his chief advisor on national security issues and later as America's chief diplomat. From the aftermath of September 11, 2001, when she stood at the center of the administration's efforts to protect the nation, to her efforts as secretary of state to manage the world's volatile relationships with North Korea, Iran, and Libya, her service to America led her to confront some of the worst crises the country has ever faced. This is her unflinchingly honest story of that remarkable time, from what really went on behind closed doors when the fates of Israel, the Palestinian Authority, and Lebanon often hung in the balance and how frighteningly close all-out war loomed in clashes involving Pakistan, India, and Russia. Georgia. To her candid appraisal of her colleagues and contemporaries. In *No Higher Honor*, Condoleezza Rice delivers a master class in statecraft, but always in a way that reveals her essential warmth and humility and her deep reverence for the ideals on which America was founded.

Strengthening Forensic Science in the United States National Research Council, Division on Engineering and Physical Sciences, Committee on Applied and Theoretical Statistics, Policy and Global Affairs, Committee on Science, Technology, and Law, Committee on Identifying the Needs of the Forensic Sciences Community, 2009-07-29 Scores of talented and dedicated people serve the forensic science community performing vitally important work. However, they are often constrained by lack of adequate resources, sound policies, and national support. It is clear that change and advancements, both systematic and scientific, are needed in a number of forensic science disciplines to ensure the reliability of work, establish enforceable standards, and promote best practices with consistent application. Strengthening Forensic Science in the United States: A Path Forward provides a detailed plan for addressing these needs and suggests the creation of a new government entity, the National Institute of Forensic Science, to establish and enforce standards within the forensic science community. The benefits of improving and regulating the forensic science disciplines are clear: assisting law enforcement officials, enhancing homeland security, and reducing the risk of wrongful conviction and exoneration. Strengthening Forensic Science in the United States gives a full account of what is needed to advance the forensic science disciplines, including upgrading of systems and organizational structures, better training, widespread adoption of uniform and enforceable best practices, and mandatory certification and accreditation programs. While this book provides an essential call to action for Congress and policy makers, it also serves as a vital tool for law enforcement agencies, criminal prosecutors and attorneys, and forensic science educators.

**Sharing Clinical Trial Data** Institute of Medicine, Board on Health Sciences Policy, Committee on Strategies for Responsible Sharing of Clinical Trial Data, 2015-04-20 Data sharing can accelerate new discoveries by avoiding duplicative trials, stimulating new ideas for research, and enabling the maximal scientific knowledge and benefits to be gained from the efforts of clinical trial participants and investigators. At the same time, sharing clinical trial data presents risks, burdens, and challenges. These include the need to protect the privacy and honor the consent of clinical trial participants, safeguard the legitimate economic interests of sponsors, and guard against invalid secondary analyses which could undermine trust in clinical trials or otherwise harm public health. Sharing Clinical Trial Data presents activities and strategies for the responsible sharing of clinical trial data. With the goal of increasing scientific knowledge to lead to better therapies for patients, this book identifies guiding principles and makes recommendations to maximize the benefits and minimize risks. This report offers guidance on the types of clinical trial data available at different points in the process, the points in the process at which each type of data should be shared, methods for sharing data, what groups should have access to data, and future knowledge and infrastructure needs. Responsible sharing of clinical trial data will allow other investigators to replicate published findings and carry out additional analyses, strengthen the evidence base for regulatory and clinical decisions, and increase the scientific knowledge gained from investments by the funders of clinical trials. The recommendations of Sharing Clinical Trial Data will be useful both now and well into the future, as improved sharing of data leads to a stronger evidence base for treatment. This book will be of interest to stakeholders across the spectrum of research, from funders to researchers, to journals, to physicians, and ultimately to patients.

Congressional Record United States. Congress, 1971 The Congressional Record is the official record of the proceedings and debates of the United States Congress. It is published daily when Congress is in session. The Congressional Record began publication in 1873. Debates for sessions prior to 1873 are recorded in The Debates and Proceedings in the Congress of the United States 1789-1824, the Register of Debates in Congress 1824-1837, and the Congressional Globe 1833-1873.

*The Washington Manual of Medical Therapeutics* Hemant Godara,2013-06-10 For the past 65 years The Washington Manual of Medical Therapeutics now in its Thirty Fourth Edition has been one of the best selling medical texts in the world It builds upon that proud tradition with even more of the current information you need and delivered in a time saving quick reference style Its comprehensiveness and ease of access makes it a favorite on call resource for housestaff and faculty around the world Continuing the tradition of excellence each chapter has been updated and reformatted for easier access to the information the reader needs Inside this edition you ll find New streamlined format that helps you keep pace with the latest advances in the field while removing redundancies and outdated information New chapter on toxicology prepares you to respond effectively to any poisoning overdose or exposure emergency Decision support algorithms for quick reference See why The Washington Manual is the most vital on call resource for house staff and faculty around the world

**Washington Manual® of Outpatient Internal Medicine** Washington University School of Medicine Department of Medicine,Thomas M. De Fer,Meredith A. Brisco,Rashmi S. Mullur,2012-03-29 Geared to primary care practitioners The Washington Manual of Outpatient Internal Medicine focuses on common ambulatory medical problems encountered in each medical subspecialty The book has a quick reference format similar to The Washington Manual of Medical Therapeutics with a standard chapter template a bulleted style numerous tables and figures and a two color design All chapters are written by house staff and faculty at Barnes Jewish Hospital and Washington University School of Medicine Coverage includes the traditional internal medicine subspecialties and other areas where problems are frequently seen in the ambulatory setting such as dermatology neurology ophthalmology otolaryngology and psychiatry Most subspecialties have separate symptom and disease based chapters The Washington Manual is a registered mark belonging to Washington University in St Louis to which international legal protection applies The mark is used in this publication by LWW under license from Washington University

Freedom Rising Ernest B. Furgurson,2007-12-18 In this luminous portrait of wartime Washington Ernest B Furgurson author of the widely acclaimed Chancellorsville 1863 Ashes of Glory and Not War but Murder brings to vivid life the personalities and events that animated the Capital during its most tumultuous time Here among the sharpsters and prostitutes slaves and statesmen are detective Allan Pinkerton tracking down Southern sympathizers poet Walt Whitman nursing the wounded and accused Confederate spy Antonia Ford romancing her captor Union Major Joseph Willard Here are generals George McClellan and Ulysses S Grant railroad crew boss Andrew Carnegie and architect Thomas Walter striving to finish the Capitol dome And here is Abraham Lincoln wrangling with officers pardoning deserters and inspiring the nation Freedom Rising is a gripping account of the era that transformed Washington into the world s most influential city

**The Writings of George Washington from the Original Manuscript Sources, 1745-1799** George Washington,1931

Global Trends 2040 National Intelligence Council,2021-03 The ongoing COVID 19 pandemic marks the most significant singular global disruption since World War II with health economic political and security implications that will ripple for years to come Global Trends 2040 2021 Global Trends 2040 A More Contested World 2021 released by the US National Intelligence Council is the latest report in its series of reports starting in 1997 about megatrends and the world s future This report strongly influenced by the COVID 19 pandemic paints a bleak picture of the future and describes a contested fragmented and turbulent world It specifically discusses the four main trends that will shape tomorrow s world Demographics by 2040 1 4 billion people will be added mostly in Africa and South Asia Economics increased government debt and concentrated economic power will escalate problems for the poor and middleclass Climate a hotter world will increase water food and health insecurity Technology the emergence of new technologies could both solve and cause problems for human life Students of trends policymakers entrepreneurs academics journalists and anyone eager for a glimpse into the next decades will find this report with colored graphs essential reading

*The Writings of George Washington from the Original Manuscript Sources, 1745-1799: General index : A-N* George Washington,1931

**The lost symbol** Dan Brown,2010 Robert Langdon while at the U S Capital Building finds an object encoded with five symbols which is an ancient invitation to usher its recipient into a long lost world of esoteric wisdom When Langdon s beloved mentor Peter Solomon is kidnapped he realizes his only hope of saving Peter is to accept this mystical invitation and follow wherever it leads him Langdon is instantly plunged into a clandestine world of Masonic secrets hidden history and never before seen locations all of which seem to be dragging him toward a single inconceivable truth

**Pentagon 9/11** Alfred Goldberg,2007-09-05 The most comprehensive account to date of the 9 11 attack on the Pentagon and aftermath this volume includes unprecedented details on the impact on the Pentagon building and personnel and the scope of the rescue recovery and caregiving effort It features 32 pages of photographs and more than a dozen diagrams and illustrations not previously available

**Winner-Take-All Politics** Jacob S. Hacker,Paul Pierson,2010 Analyzes the growing divide between the incomes of the wealthy class and those of middle income Americans exonerating popular suspects to argue that the nation s political system promotes greed and under representation

Registries for Evaluating Patient Outcomes Agency for Healthcare Research and Quality/AHRQ,2014-04-01 This User's Guide is intended to support the design implementation analysis interpretation and quality evaluation of registries created to increase understanding of patient outcomes For the purposes of this guide a patient registry is an organized system that uses observational study methods to collect uniform data clinical and other to evaluate specified outcomes for a population defined by a particular disease condition or exposure and that serves one or more predetermined scientific clinical or policy purposes A registry database is a file or files derived from the registry Although registries can serve many purposes this guide focuses on registries created for one or more of the following purposes to describe the natural history of disease to determine clinical effectiveness or cost effectiveness of health care products and services to measure or monitor safety and harm and or to measure quality of care Registries are classified according to how their populations are defined For example product registries include patients who have been exposed to biopharmaceutical products or medical devices Health services registries consist of patients who have had a common procedure clinical encounter or hospitalization Disease or condition registries are defined by patients having the same diagnosis such as cystic fibrosis or heart failure The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program particularly those who participated in AHRQ's DEcIDE Developing Evidence to Inform Decisions About Effectiveness program Chapters were subject to multiple internal and external independent reviews



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