Your Hospital's Logo Here

PHYSICIAN'S ORDER SHEET

INFANT HEARING SCREENING ALL ORDERS WILL BE FULFILLED UNLESS CROSSED OUT

	Check (√) Each Order As Transcribed	Check (√) Pharmacy Orders	Allergy		
			DATE:	TIME:	(Military Time)
			1. HEARING SCREEN		
			2. CHECK KNOWN RISK FACTORS:		
PATIENT IDENTIFICATION			□ No	Known Risk Factors	
			RISK FA	CTORS:	
				5 Minute Apgar 0-3	
				Bacterial Meningitis	
				Torch Infection (Mother)	
				☐ Toxoplasmosis	
				☐ Syphilis	
				☐ Rubella / German / 3 Day Measles	
				☐ CMV (Cytomegalovirus)	
				☐ Active Herpes (Infant Infected)	
				Defects about the Head & Neck: (describe below	if checked)
<u>=</u>					
Ä				Family History of Hearing Loss in Childhood	SLP TEAM will also ask Mother
ΑTI				Relation:	about Family History
ш				Gram Birthweight < 1500 (3lbs; 5 ozs)	
				Has been in NICU (Level III Nursery) for \geq 2 days	
			COMMENTS:		
FAXED BY/TIME:	TIME NOTED	:	Doctor's Signa	ture,MI	D Date
			Nurse's Signature / Title		

USE BALL POINT PEN ONLY - PRESS FIRMLY

WHITE - Chart YELLOW - Pediatrician

THE MEDICAL RECORD

Military Time > >