

PASTEURIZED HUMAN DONOR MILK (PHDM) DISPENSING RECORD

- Must indicate gestation (term or preterm) and provide medical indication. Enter multiples individually. (e.g. twins)
- Do NOT give PHDM to families who plan to mix or formula feed.
- PHDM is not for discharge

Date		Location	Batch #	Number of bottles removed	Number of bottles left	Gestation	Medical indication(s)	Printed name of 2 RNs signing the milk out
	Attach Patient Label (baby)	<input type="checkbox"/> Maternity <input type="checkbox"/> NICU				<input type="checkbox"/> Term <input type="checkbox"/> Preterm	<input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Weight loss <input type="checkbox"/> Preterm <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____	
	Attach Patient Label (baby)	<input type="checkbox"/> Maternity <input type="checkbox"/> NICU				<input type="checkbox"/> Term <input type="checkbox"/> Preterm	<input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Weight loss <input type="checkbox"/> Preterm <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____	
	Attach Patient Label (baby)	<input type="checkbox"/> Maternity <input type="checkbox"/> NICU				<input type="checkbox"/> Term <input type="checkbox"/> Preterm	<input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Weight loss <input type="checkbox"/> Preterm <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____	
	Attach Patient Label (baby)	<input type="checkbox"/> Maternity <input type="checkbox"/> NICU				<input type="checkbox"/> Term <input type="checkbox"/> Preterm	<input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Weight loss <input type="checkbox"/> Preterm <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____	
	Attach Patient Label (baby)	<input type="checkbox"/> Maternity <input type="checkbox"/> NICU				<input type="checkbox"/> Term <input type="checkbox"/> Preterm	<input type="checkbox"/> Hypoglycemic <input type="checkbox"/> Weight loss <input type="checkbox"/> Preterm <input type="checkbox"/> Jaundice <input type="checkbox"/> Other: _____	

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