

General

Discharge (Single Response)

Discharge patient Discharge at 12:00 AM
 Specific Destination:
 Is a readmission planned within 30 days?

Discontinue tubes/drains/telemetry

Discontinue Telemetry Routine, Once
 Discontinue Foley catheter Routine, Once
 Discharge home with Foley catheter Routine, Once
 Discontinue IV Routine, Once For 1 Occurrences
 Deaccess port
 Deaccess Port-a-cath Routine, Once
 heparin, porcine (PF) 100 unit/mL injection intra-catheter, once

Discharge Activity

Activity as tolerated Routine
 Ambulate with assistance or assistive device Routine
 Lifting restrictions Routine, No lifting over 10 pounds.
 Weight bearing restrictions (specify) Routine
 Weight Bearing Status:
 Extremity:

 Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine
 Complete pelvic rest (no tampons, douching, sex) Routine
 No driving for 2 weeks Routine
 Other restrictions (specify): Routine, ***

Discharge Activity

Activity as tolerated Routine
 Ambulate with assistance or assistive device Routine
 Lifting restrictions Routine, No lifting over 10 pounds.
 Weight bearing restrictions (specify) Routine
 Weight Bearing Status:
 Extremity:

 Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine
 Complete pelvic rest (no tampons, douching, sex) Routine
 No driving for 2 weeks Routine
 Other restrictions (specify): Routine, ***

Wound/Incision Care

Discharge wound care Routine, ***
 Discharge incision care Routine, ***
 Discharge dressing Routine, ***

Discharge Diet (Single Response)

Discharge Diet Routine
 Discharge Diet:
 Discharge Diet- Regular Routine
 Discharge Diet: Regular

Discharge Diet (Single Response)

<input type="checkbox"/> Discharge Diet	Routine Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine Discharge Diet: Regular

Patient to notify physician

<input checked="" type="checkbox"/> Call physician for:	Routine, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine
<input type="checkbox"/> Call physician for:	Routine, ***

Additional Patient Discharge Education

<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education
---	--

Discharge Instructions

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine

<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details

Nursing

IV Fluids

Medications

Medications

<input type="checkbox"/> calcium carbonate (TUMS) chewable tablet	1,000 mg, oral, 3 times daily
<input type="checkbox"/> calcitriol (ROCALTROL) capsule	oral, daily, Post-op

Pain Management

<input type="checkbox"/> For Mild Pain - acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, mild pain (score 1-3)
<input type="checkbox"/> For Moderate Pain - acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours PRN, moderate pain (score 4-6)
<input type="checkbox"/> For Severe Pain - acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	1 tablet, oral, every 6 hours PRN, severe pain (score 7-10)

VTE

Labs

Cardiology

Imaging

Other Studies

Respiratory

Rehab

Consults

For Physician Consult orders use sidebar

Additional Orders