General Discharge

Discharge Order (Single Response)

(X) Discharge to Home Self Care
Discharge - S at 11:00 AM, Discharge Home
Specific Destination:
Is a readmission planned within 30 days?

() Discharge to SNF
Discharge - S at 11:00 AM, Disch/Transf to Hospital-Based
SNF
Specific Destination:
Is a readmission planned within 30 days?

() Discharge to:
Discharge - S at 11:00 AM
Specific Destination:
Is a readmission planned within 30 days?

Discontinue Tubes/Drains/Telemetry

[X] Discontinue Telemetry
Routine, Once

[ ] Discontinue Foley catheter
Routine, Once

[ ] Discharge home with Foley catheter
Routine, Once

[ ] Discontinue IV
Routine, Once

[ ] Discontinue central line
Routine, Once

[ ] Discontinue pacer wires
Routine, Until discontinued, Starting S For Until specified

[ ] Deaccess port
[ ] Deaccess Port-a-cath
Routine, Once

[ ] heparin, porcine (PF) 100 unit/mL injection
intra-catheter, once

Discharge Activity/Weight

[X] Discharge activity:
Routine, 1. Shower daily.
2. Avoid soaking in baths for the first three months after discharge. Do not use a hot tub or jacuzzi until your physician says it is safe.
3. Wear loose-fitting clothes that may be more comfortable.
4. It is normal to feel tired periodically throughout the day. Take naps as needed.
5. Walking is the best form of exercise. Walk at least four times a day, and pace your activities throughout the day.
6. You can climb stairs using handrail, but do not pull yourself with your arms.
7. Stop and rest if you are tired.

[X] Lifting restrictions:
Routine, Avoid lifting, pushing or pulling anything heavier than 10 pounds for six weeks after surgery.

[X] No driving
Routine, Wait four to six weeks following surgery to resume driving. You can ride as a passenger in the back seat at any time, wearing your seat belt. If riding in the front seat, deactivate the air bags and place a thick pillow in front of your chest with the seat belt in place. When traveling, be sure to get up and walk around for a few minutes every two hours.

[X] Daily weights:
Routine, Clinic Performed, Weigh yourself at the same time each morning. Use the same scale each day. Notify your physician if you gain 2 pounds or more per day over three days.

[ ] Work restrictions:
Routine, Work: You can return to work in *** weeks.

Discharge Wound/Incision Care
**Discharge incision care:**
1. Always wash your hands before touching or caring for your incision. Hand washing is the best way to prevent infection.
2. Clean your incision daily with water and a mild, fragrance-free soap, preferably in the shower, if you are able. Do not submerge in water.
3. Gently pat the incision area dry with a freshly laundered towel.
4. Do not use powders, lotions, oil or vitamin E on the incision without asking your surgeon.
5. Check your incision daily. Notify your physician if you notice any of the following:
   - Increased tenderness of the incision
   - Increased redness or swelling around the edges of the incision
   - Any drainage from the incision

**Surgical leg care:**
1. Avoid crossing your legs because this impairs circulation.
2. Avoid sitting in one position or standing for prolonged periods of time.
3. Elevate your leg while seated.

**Discharge dressing**
- Routine, *****

**Discharge wound care**
- Routine, *****

**Discharge staples/sutures**
- Routine, Patient to follow up with surgeon for staple removal and incision inspection in ***** weeks *****date.

**Discharge Diet (Single Response)**
- ( ) Discharge Diet
  - Routine
- ( ) Discharge Diet: Restricted Sodium/Low Fat
  - Routine
  - Discharge Diet: Low fat, Restricted sodium
- ( ) Discharge Diet: Diabetic
  - Routine
  - Discharge Diet: Diabetic

**Patient to Notify Physician**
[X] Call physician for:
1. Acute gout flare-up
2. Temperature above 101°F, twice in 24 hours
3. Extreme worsening fatigue
4. Pain in calf that becomes worse when pointing toe up toward your head
5. Persistent bleeding or oozing from incisions
6. Sharp pain when taking a deep breath
7. Skin rash
8. Urinary tract infection (frequent urination, burning or urgency with urination, or blood in urine)
9. Weight gain of 2 pounds or more per day over three days
10. Worsening ankle swelling or leg pain
11. Worsening shortness of breath
12. Fast or irregular heart beat
13. Feeling of depression, hopelessness or severe anxiety

**Discharge Education**
- ( ) Patient education
  - Routine, Once, Starting S For 1 Occurrences
  - Patient/Family:
    - Education for: Other (specify)
    - Specify: Nurse to provide patient education
- ( ) Tobacco cessation education
  - Routine, Once
### Discharge Instructions to Nursing - Will not show on AVS

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Nursing discharge instructions:</td>
<td>Routine, Once Notify nurse practitioner or physician assistant if any pacer wires or chest tubes sutures remain in place before discharge.</td>
</tr>
<tr>
<td>*** Discharge instructions for Nursing- Will not show on AVS **</td>
<td>Routine, Once **</td>
</tr>
</tbody>
</table>

### Discharge Labs

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient to have labs drawn on</td>
<td>Routine, ***(date)</td>
</tr>
<tr>
<td>Basic metabolic panel</td>
<td>Routine, Status: Future, Expires: S+365, Lab Collect</td>
</tr>
<tr>
<td>CBC with platelet and differential</td>
<td>Routine, Status: Future, Expires: S+365, Lab Collect</td>
</tr>
<tr>
<td>Prothrombin time with INR</td>
<td>Routine, Status: Future, Expires: S+365, Lab Collect</td>
</tr>
</tbody>
</table>

### Cardiac Rehabilitation Phase II

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Cardiac Rehabilitation Phase II (Single Response)</td>
<td>Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: &quot;The patient will not be referred to cardiac rehab due to:&quot; (a reason is required on this order).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
</table>
| Referral to Cardiac Rehab Phase 2 | Internal Referral I am referring my patient to Houston Methodist Cardiac Rehabilitation Program for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required:  
  Patient's Phone Number:  
  Cardiac Rehabilitation Phase II: is the early outpatient phase of cardiac rehabilitation and uses exercise training and lifestyle changes to optimize your physical, psychological and social functioning. Cardiac Rehab Benefits:  
  1. Personalized and monitored exercise program proven to increase life expectancy by five years  
  2. Nutritional counseling  
  3. Medication review  
  4. Reduce fear, anxiety and stress  
  5. Improve your confidence, well being, stamina and strength so that you can return to your usual activities | Routine, Hospital Performed  
  The patient will not be referred to cardiac rehab due to: |

### Place Follow-Up Order

<table>
<thead>
<tr>
<th>Description</th>
<th>Order Details</th>
</tr>
</thead>
</table>
| [ ] Follow-up with me                        | Follow up with me:  
  Clinic Contact:  
  Follow up in:  
  On date: |
| [ ] Follow-up with primary care physician    | Routine |
| [ ] Follow-up with physician                 | Follow up on:  
  Appointment Time:  
  Follow up in:  
  Instructions for Follow Up: |
| [ ] Follow-up with physician                 | Follow up on:  
  Appointment Time:  
  Follow up in:  
  Instructions for Follow Up: |
| [ ] Follow-up with physician                 | Follow up on:  
  Appointment Time:  
  Follow up in:  
  Instructions for Follow Up: |
Follow-up with physician

Follow-up with department

Place Follow-Up Order

Follow-up with me

Follow-up with primary care physician

Follow-up with physician

Follow-up with physician

Follow-up with physician

Follow-up with department

Medications for Discharge

Did the patient have a CABG surgery? (REQUIRED) (Single Response)

MEDICATIONS FOR CABG - QUALITY MEASURE

() Yes

[ ] Aspirin (Single Response)

One must be selected:

() Aspirin has already been ordered for discharge

() Aspirin (Single Response)

() aspirin (ECOTRIN) 81 MG enteric coated tablet

() aspirin 81 mg chewable tablet

() The patient is not being discharged on aspirin due to: Routine, Hospital Performed, ***

[ ] Beta Blocker (Single Response)

One must be selected:

() Beta blocker has already been ordered for discharge

() Beta Blockers (Single Response)

() metoprolol tartrate (LOPRESSOR) 25 mg tablet

() carvedilol (COREG) 3.125 MG tablet

() The patient is not being discharged on beta blocker due to: Routine, Hospital Performed, ***

[ ] Statin (Single Response)

One must be selected:

() Statin has already been ordered for discharge

() Statin (Single Response)

() atorvastatin (LIPITOR) 40 MG tablet

() simvastatin (ZOCOR) 40 MG tablet

() The patient is not being discharged on statin due to: Routine, Hospital Performed, ***
ACE/ARB Inhibitors
- enalapril (VASOTEC) 2.5 MG tablet Normal
- lisinopril (PRINIVIL,ZESTRIL) 2.5 mg tablet Normal
- ramipril (ALTACE) 1.25 MG capsule Normal
- losartan (COZAAR) 50 MG tablet Normal
- valsartan (DIOVAN) 80 MG tablet Normal

No Patient did not have a CABG surgery Routine, Clinic Performed

Heart Failure Medications - Get with the Guidelines (NOT REQUIRED)
URL: "\appfs.pdf"

ACEi/ARB for LVSD or EF below 40%
- enalapril (VASOTEC) 2.5 MG tablet Normal
- lisinopril (PRINIVIL,ZESTRIL) 2.5 mg tablet Normal
- ramipril (ALTACE) 1.25 MG capsule Normal
- losartan (COZAAR) 50 MG tablet Normal
- valsartan (DIOVAN) 80 MG tablet Normal

ARNI for LVSD
- sacubitril-valsartan (ENTRESTO) 24-26 mg tablet per tablet Normal

Aldosterone antagonist for LVSD
- spironolactone (ALDACTONE) 25 MG tablet Normal
- eplerenone (INSPIRA) 25 MG tablet Normal

Anticoagulation for non-valvular atrial fibrillation or atrial flutter
- warfarin (COUMADIN) tablet (dose per INR)
  - warfarin (COUMADIN) 1 MG tablet Normal
  - warfarin (COUMADIN) 2 MG tablet Normal
  - warfarin (COUMADIN) 3 MG tablet Normal
  - warfarin (COUMADIN) 5 MG tablet Normal
  - warfarin (COUMADIN) 6 MG tablet Normal
  - warfarin (COUMADIN) 7.5 MG tablet Normal
  - warfarin (COUMADIN) 10 MG tablet Normal
  - rivaroxaban (XARELTO) tablet (Single Response)
    (i) rivaroxaban (XARELTO) 15 mg tablet - for GFR LESS than 30 mL/min Normal
  (i) rivaroxaban (XARELTO) 20 mg tablet Normal
- apixaban (ELIQUIS) tablet (Single Response)
  (i) apixaban (ELIQUIS) 2.5 mg tablet - Renal Dose Normal
  (i) apixaban (ELIQUIS) 5 mg tablet Normal
- dabigatran (PRADAXA) capsule (Single Response)
  (i) dabigatran etexilate (PRADAXA) 75 mg capsule - for GFR LESS than 30 mL/min Normal
  (i) dabigatran etexilate (PRADAXA) 150 mg capsule Normal

Evidence-Based Beta-blockers (Single Response)
- bisoprolol (ZEBETA) 5 MG tablet Normal
- carvedilol (COREG) 3.125 MG tablet Normal
- metoprolol succinate XL (TOPROL-XL) 25 mg 24 hr tablet Normal
- metoprolol tartrate (LOPRESSOR) 25 mg tablet Normal

For black heart failure patients or patients with intolerance to ACEI/ARB
- isosorbide-hydralazine (BIDIL) 20-37.5 mg per tablet Normal

Beta Blockers (Single Response)
- metoprolol tartrate (LOPRESSOR) 25 mg tablet Normal
- carvedilol (COREG) 3.125 MG tablet Normal

Loop Diuretics
<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Drug Name</th>
<th>Dose</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>[]</td>
<td>furosemide (LASIX) 20 mg tablet</td>
<td>Normal</td>
<td>Diuretics</td>
</tr>
<tr>
<td>[]</td>
<td>BUMETanide (BUMEX) 0.5 MG tablet</td>
<td>Normal</td>
<td>Diuretics</td>
</tr>
<tr>
<td>[]</td>
<td>torsemide (DEMADEX) 20 MG tablet</td>
<td>Normal</td>
<td>Diuretics</td>
</tr>
<tr>
<td>[]</td>
<td>Non-Loop Diuretics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>metOLazone (ZAROXOLYN) 2.5 MG tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>Anticoagulant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>warfarin (COUMADIN) 1 MG tablet</td>
<td>Normal</td>
<td>Anticoagulant</td>
</tr>
<tr>
<td>[]</td>
<td>Notify Physician for INR GREATER than 4</td>
<td>Routine, Clinic Performed</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>enoxaparin (LOVENOX) 30 mg/0.3 mL syringe</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>apixaban (ELIQUIIS) (Single Response)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>apixaban (ELIQUIIS) for VTE Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>apixaban (ELIQUIIS) 5 mg tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>apixaban (ELIQUIIS) for Atrial Fibrillation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>Antiarrhythmic (Single Response)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>amIODarone (PACERONE) 200 MG tablet</td>
<td>Normal</td>
<td>Antiarrhythmic</td>
</tr>
<tr>
<td>[]</td>
<td>amIODarone (PACERONE) 400 MG tablet</td>
<td>Normal</td>
<td>Antiarrhythmic</td>
</tr>
<tr>
<td>[]</td>
<td>Anti-Platelet (Single Response)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>clopidogrel (PLAVIX) 75 mg tablet</td>
<td>Normal</td>
<td>Anti-Platelet</td>
</tr>
<tr>
<td>[]</td>
<td>aspirin (ECOTRIN) 81 MG enteric coated tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>prasugrel (EFFIENT) 5 mg tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>ticagreloL (BRILINTA) 60 mg tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>Diuretics (Single Response)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>furosemide (LASIX) 40 mg AND potassium chloride 20 mEq</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>furosemide (LASIX) 40 mg tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>potassium chloride (K-DUR) 20 MEQ CR tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>furosemide (LASIX) 40 mg AND potassium chloride 40 mEq</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>furosemide (LASIX) 40 mg tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>potassium chloride (K-DUR) 20 MEQ CR tablet</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>(adjust dose for renal/liver function and age)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>acetaminophen-codeine (TYLENOL #3) tablet OR oral solution</td>
<td>Print</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet</td>
<td>Print</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>acetaminophen-codeine 300 mg-30 mg /12.5 mL solution</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir</td>
<td>Print</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)</td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet</td>
<td>No Print</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution</td>
<td>No Print</td>
<td></td>
</tr>
<tr>
<td>[]</td>
<td>HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir (Single Response)</td>
<td>Print</td>
<td></td>
</tr>
</tbody>
</table>
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

| ( ) HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet | No Print |
| ( ) HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | No Print |

| ( ) HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| [ ] HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet | No Print |
| [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | No Print |

| ( ) traMADol (ULTRAM) 50 mg tablet | Normal |

**PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response) (adjust dose for renal/liver function and age)**

| ( ) acetaminophen-codeine (TYLENOL #3) tablet OR oral solution |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| [ ] acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet | Print |
| [ ] acetaminophen-codeine 300 mg-30 mg /12.5 mL solution | Normal |

| ( ) HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir |
| Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources) |
| [ ] HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet | No Print |
| [ ] HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution | No Print |

| ( ) traMADol (ULTRAM) 50 mg tablet | Normal |