

General

Discharge (Single Response)

<input checked="" type="checkbox"/> Discharge to Home Self Care	Discharge at 12:00 AM, Discharge Home Specific Destination: Is a readmission planned within 30 days?
<input type="checkbox"/> Discharge to SNF	Discharge at 12:00 AM, Disch/Transf to Hospital-Based SNF Specific Destination: Is a readmission planned within 30 days?
<input type="checkbox"/> Discharge to:	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days?

Discontinue tubes/drains

<input type="checkbox"/> Discontinue Foley catheter	Routine, Once
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once
<input type="checkbox"/> Discontinue IV	Routine, Once For 1 Occurrences
<input type="checkbox"/> Deaccess port	
<input type="checkbox"/> Deaccess Port-a-cath	Routine, Once
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once

Activity

<input type="checkbox"/> Discharge activity:	Routine, Normal
<input type="checkbox"/> Lifting restrictions	Routine, Normal
<input type="checkbox"/> No driving	Routine, Normal, Until no longer on pain medications
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Patient to follow up with surgeon for staple removal and incision inspection In *** weeks
<input type="checkbox"/> Discharge incision care	Routine, Normal, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, ***

Discharge Diet (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal Discharge Diet:
<input type="checkbox"/> Discharge Diet: Regular	Routine, Normal Discharge Diet: Regular
<input type="checkbox"/> Discharge Diet: Diabetic	Routine, Normal Discharge Diet: Diabetic

Patient to notify physician

<input checked="" type="checkbox"/> Call VAD Coordinator for:	Routine, Normal, For any concerns or questions, call your VAD Coordinator 713-441-5451
<input checked="" type="checkbox"/> Call Methodist Transplant Center Phone Number and 24 Hour Emergency Line:	Routine, Normal, For any concerns at 713-441-5451 or Toll Free 1-888-393-3986
<input type="checkbox"/> Call physician for:	Routine, Normal

Discharge Education

<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Print from Krames and give to patient
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Discharge Instructions

<input checked="" type="checkbox"/> Patient is to carry with them at all times:	Routine, Normal, 1. Letter in Case of Emergency 2. Battery backup controller
<input checked="" type="checkbox"/> Patient to have labs drawn on:	Routine, Normal, *** (date)
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***

Discharge Labs

<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+365, Lab Collect
<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Lab Collect
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Lab Collect

Place Follow-Up Order (Selection Required)

<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal
<input checked="" type="checkbox"/> Follow-up with surgeon	Instructions for Follow Up: Follow up in VAD clinic per protocol on *** (date)
<input type="checkbox"/> Follow-up with physician	Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details

Discharge Medications

Antihypertensives

<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, user specified, S at 5:00 PM HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> hydrALAZINE (APRESOLINE) tablet	25 mg, oral, every 6 hours scheduled HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, every 12 hours HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> amLODIPine (NORVASC) tablet	5 mg, oral, daily HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> amLODIPine (NORVASC) tablet	10 mg, oral, daily HOLD parameters for this order: Contact Physician if:

Diuretics

<input type="checkbox"/> spironolactone (ALDACTONE) tablet	25 mg, oral, daily
<input type="checkbox"/> furosemide (LASIX) tablet	40 mg, oral, 2 times daily at 0900, 1700

Other Medications

<input type="checkbox"/> potassium chloride (KAYCIEL) 20 mEq/15 mL solution	20 mEq, oral, 2 times daily
<input type="checkbox"/> omeprazole (PriLOSEC) capsule	40 mg, oral, 2 times daily at 0600, 1700 Indication(s) for Proton Pump Inhibitor (PPI) Therapy:
<input type="checkbox"/> metoclopramide (REGLAN) tablet	10 mg, oral, every 6 hours
<input type="checkbox"/> multivitamin with minerals tablet	1 tablet, oral, daily
<input type="checkbox"/> sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet	2 tablet, oral, 2 times daily

darbepoetin (ARANESP) injection solution

<input type="checkbox"/> darbepoetin (ARANESP) injection solution	0.45 mcg/kg, subcutaneous, Weekly at 1600 Take Once Weekly On: _____ Diagnosis: Hemoglobin Goal (g/dL): Hematocrit Goal (%):
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Antithrombotic Management

<input type="checkbox"/>	enoxaparin (LOVENOX) injection	subcutaneous
<input type="checkbox"/>	Warfarin (COUMADIN) - NO Pharmacy Consult CPOE	
<input type="checkbox"/>	warfarin (COUMADIN) tablet	oral, daily at 1700 (TIME CRITICAL) Indication:
<input type="checkbox"/>	Notify Physician for INR GREATER than 4	Routine, Until discontinued, Starting S BUN greater than: Creatinine greater than: Glucose greater than: Glucose less than: Hct less than: Hgb less than: LDL greater than: Magnesium greater than (mg/dL): Magnesium less than (mg/dL): Platelets less than: Potassium greater than (mEq/L): Potassium less than (mEq/L): PT/INR greater than: PT/INR less than: PTT greater than: PTT less than: Serum Osmolality greater than: Serum Osmolality less than: Sodium greater than: Sodium less than: WBC greater than: WBC less than: Other Lab (Specify):
<input type="checkbox"/>	STAT CBC with platelet and differential	STAT For 1 Occurrences
<input type="checkbox"/>	STAT Prothrombin time with INR	STAT For 1 Occurrences
<input type="checkbox"/>	Routine Prothrombin time with INR - AM Draw	AM draw For 1 Occurrences
<input type="checkbox"/>	For SNF Units - Prothrombin time with INR every 7 days	Weekly, Starting S For Until specified

<input type="checkbox"/>	aspirin chewable tablet	81 mg, oral, daily at 1700 (TIME CRITICAL)
<input type="checkbox"/>	aspirin tablet	325 mg, oral, daily at 1700 (TIME CRITICAL)
<input type="checkbox"/>	dipyridamole (PERSANTINE) tablet	75 mg, oral, 3 times daily
<input type="checkbox"/>	pentoxifylline (TRENtal) CR tablet	400 mg, oral, 3 times daily

TAH Dietary Supplements

<input type="checkbox"/>	ascorbic acid (VITAMIN C) tablet	500 mg, oral, 2 times daily
<input type="checkbox"/>	folic acid (FOLVITE) tablet	1 mg, oral, daily
<input type="checkbox"/>	cyanocobalamin tablet	1,000 mcg, oral, daily
<input type="checkbox"/>	ferrous sulfate tablet	325 mg, oral, 2 times daily with meals

Pain Medications (Single Response)

<input type="checkbox"/>	acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), moderate pain (score 4-6)
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), severe pain (score 7-10)