

## General

## Discharge (Single Response)

<input checked="" type="checkbox"/> Discharge patient	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days?
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## Discontinue tubes/drains/telemetry

<input type="checkbox"/> Discontinue Telemetry	Routine, Once
<input type="checkbox"/> Discontinue Foley catheter	Routine, Once
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once
<input checked="" 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

## Diet

<input checked="" type="checkbox"/> Discharge Diet	Routine, Normal Discharge Diet: Regular
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## Activity

<input type="checkbox"/> Activity as tolerated	Routine, Normal
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal
<input type="checkbox"/> Strict bed rest	Routine, Clinic Performed, Normal
<input type="checkbox"/> Complete pelvic rest (nothing in the vagina)	Routine, Normal
<input type="checkbox"/> No sexual intercourse	Routine, Normal
<input type="checkbox"/> Avoid pulling or pushing movements and do not perform abdominal exercises until your physician releases you to do these activities	Routine, Normal
<input type="checkbox"/> Limit the number of trips up and down stairs	Routine, Normal
<input type="checkbox"/> You may take showers or baths. Use plain water- NO bubble baths or oils or you may run the risk of infection.	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

## Patient to notify physician

<input type="checkbox"/> Call physician for:	Routine, Normal, ***
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## Additional Instructions for Patient

<input type="checkbox"/> Monitor blood pressures twice daily	Routine, Normal
<input type="checkbox"/> Home weight monitoring	Routine, Normal
<input type="checkbox"/> Additional discharge instructions for patient	Routine, Normal

## Additional Instructions for Nursing (Will not show on After Visit Summary)

<input type="checkbox"/> Discharge instructions for Nursing	Routine, Once
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## 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
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## COVID 19 Discharge instructions

[ ] CONFIRMED POSITIVE: COVID 19 Discharge instructions: Patients with Novel Coronavirus (COVID-19)

Routine, Normal, You've been diagnosed with a viral syndrome and have a virus referred to as SARSCoV-2, otherwise known as the Novel Coronavirus (COVID-19).

We have notified the local health department where you reside that you were confirmed to have COVID and hospitalized and now are being discharged from our facility. You will need to have a negative result before being released from home quarantine.

You will be contacted by your local health department after discharge for follow up.

In the meantime:

Please follow these precautions:

--- As advised by the Centers for Disease Control and Prevention (CDC), we recommend you stay in your home (quarantine) and minimize contact with others to avoid spreading an infection.

--- Separate yourself from other people and animals in your home as much as possible. Stay in a specific room and away from other people in your home. Use a separate bathroom if possible. Do not handle pets or other animals while sick.

--- Avoid sharing personal household items, such as dishes, glasses, eating utensils, towels or bedding. After using these items, they should be washed thoroughly with soap and water.

--- Clean all "high-touch" surfaces every day (e.g., counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables). Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe and follow the instructions on the label to ensure safe and effective use of the cleaning product.

--- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer containing at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

--- Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and immediately wash or clean your hands as outlined above.

--- If your symptoms worsen and you have trouble breathing, chest pain, are unable to eat or drink enough and/or have severe vomiting, diarrhea or weakness, you may need to return to the emergency department or contact your clinic provider for re-evaluation. When seeking care at a healthcare facility, put on a facemask before you enter the facility.

If you experience any of these symptoms,

- Severe shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Call 911 and notify the dispatch personnel that you have COVID-19. If you decide to go to the ER directly yourself, call them before you arrive and let them know you have COVID-19. Wear a facemask when you enter.

\*\*Only call your local health department and/or Employee Health after you've called 911 if you experience any emergency warning signs.\*\*

**Place Follow-Up Order (Selection Required)**

<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, Normal
<input type="checkbox"/> Follow-up with Maternal Fetal Medicine Physician	Routine, Normal
<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