

Secondary Hyperparathyroidism Parathyroidectomy Discharge [3588]

General

Discharge (Single Response)

(X) 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

Discharge Activity (Selection Required)

<input checked="" type="checkbox"/> Activity as tolerated	Routine, Normal
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal
<input type="checkbox"/> Lifting restrictions	Routine, Normal, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input type="checkbox"/> No driving for 2 weeks	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Discharge Activity

<input type="checkbox"/> Activity as tolerated	Routine, Normal
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal
<input type="checkbox"/> Lifting restrictions	Routine, Normal, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input type="checkbox"/> No driving for 2 weeks	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, ***

Discharge Diet (Single Response) (Selection Required)

() Discharge Diet	Routine, Normal Discharge Diet:
() Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular

Discharge Diet (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular
Patient to notify physician	
<input checked="" type="checkbox"/> Call physician for:	Routine, Normal, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal
<input type="checkbox"/> Call physician for:	Routine, Normal, ***
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, Normal, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***
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 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, 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

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)