

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 (Selection Required)

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

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

Discharge Activity

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

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

Wound/Incision Care

Discharge wound care Routine, Normal, ***
 Discharge incision care Routine, Normal, ***
 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
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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

[] 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 on: Appointment Time: Follow up in: Instructions for Follow Up:
[] Follow-up with department	Details

Medications

Pain Management

[] For Mild Pain - acetaminophen (TYLENOL) tablet	500 mg, oral, every 6 hours PRN, mild pain (score 1-3)
[] For Moderate Pain - acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours PRN, moderate pain (score 4-6)
[] 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)