

**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 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	<p>Routine, Normal</p> <p>Post-operative discharge instructions provided by: Physician/Physician's Office. Contact office with any questions You may experience incision pain, sore throat, and stiff neck after surgery. Take two 500 mg tablets of acetaminophen by mouth around the clock every 8 hours for the first 2 days after surgery, and subsequently as needed for pain. The scheduled pain medications prevent early surgical pain. Do not wait until pain worsens to take these medications. Use benzocaine lozenge or mouth spray as needed for sore throat. If needed, apply a heating pad to the stiff neck for 15-20 minutes and massage your neck muscles gently. If prescribed by your surgeon, place 1 lidocaine 4% patch on the back of the neck away from the incision site and keep it for 12 hours. Do not use more than one patch in a 24-hour period.</p> <p>Opioid pain medications are rarely needed after your surgery. Opioids can cause drowsiness and constipation. If you receive an opioid prescription (for example, tramadol), use it for severe breakthrough pain only and do not drive or drink alcohol while taking it. Please take unused opioids to a controlled substance disposal location (<a href="https://takebackday.dea.gov/">https://takebackday.dea.gov/</a>), dispose after mixing with dirt, or use a disposal envelope if one was provided by the hospital or pharmacy.</p> <p>Pain medications may cause nausea and vomiting. You may take the medications with food. Do not take more than 3000 mg of acetaminophen in 24 hours (includes all acetaminophen-containing products including combination products). Please call our office if you have any questions about your pain medications.</p>
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**Place Follow-Up Order (Selection Required)**

<input type="checkbox"/> Follow-up with me	<p>Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:</p>
<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

## Nursing

### Nursing orders for AOD

<input type="checkbox"/> Apply ice pack	Routine, Until discontinued, Starting S For 24 Hours Affected area: incision site Waking hours only? Nurse to schedule? Special Instructions: Do not put ice directly on the skin.
<input type="checkbox"/> Nursing communication	Routine, Until discontinued, Starting S Please keep the patient in AOD until a member of the surgical team examines the patient 4-6 hours after surgery.

### Pain management medication

<input type="checkbox"/> Cepacol Max Lozenges / Chloraseptic 1.4% Aerosol Spray (Single Response)	
<input type="checkbox"/> benzocaine-menthoL (CEPACOL MAX) 15-3.6 mg lozenge	1 lozenge, buccal, every 2 hour PRN, sore throat Allow 1 lozenge to dissolve slowly in mouth
<input type="checkbox"/> phenol (CHLORASEPTIC) 1.4 % spray	1 spray, Mouth/Throat, every 2 hour PRN, sore throat Spray on the throat; keep in place for 15 seconds, then spit out

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	1,000 mg, oral, every 8 hours Give as soon as patient can tolerate oral medication. Dose must be at least 6 hours after previous dose of acetaminophen, if given preoperatively or intraoperatively.
<input type="checkbox"/> lidocaine (LIDODERM) 5 %	1 patch, transdermal, for 12 Hours, daily PRN, mild pain (score 1-3), moderate pain (score 4-6), Neck pain after surgery Place the patch on the back of the neck or most painful area. Do not apply on the incision site.
<input type="checkbox"/> traMADoL (ULTRAM) tablet	50 mg, oral, every 6 hours PRN, severe pain (score 7-10)

## Labs

### Labs

<input type="checkbox"/> Parathyroid hormone	Once For 1 Occurrences Check PTH level 30 mins post operation., PACU & Post-op
<input type="checkbox"/> Calcium level	Once For 1 Occurrences Check 4 hours post operation., PACU & Post-op

## IV Fluids

## Medications

### Medications

<input type="checkbox"/> calcium carbonate (TUMS) 200 mg calcium (500 mg) chewable tablet	Normal, 180 tablet, 0
<input type="checkbox"/> calcitriol (ROCALTROL) 0.25 MCG capsule	Normal, 30 capsule, 0

### Discharge Prescriptions for Pain Management Medications

Opioids were purposefully omitted from this section. Several studies have demonstrated that most patients undergoing thyroid and parathyroid surgeries do not require opioid discharge prescriptions for pain. If opioid discharge prescriptions are provided for these surgeries, up to 7% of patients will use opioids 3 to 6 months after surgery. Please consider managing this patient's post-operative pain with non-opioid analgesics only.

<input type="checkbox"/> Cepacol Max Lozenges / Chloraseptic 1.4% Aerosol Spray / Hurracaine 20% Aerosol Spray (Single Response)	
<input type="checkbox"/> benzocaine-menthol (CEPACOL MAX) 15-3.6 mg lozenge	Normal, 18 lozenge, 0
<input type="checkbox"/> phenol (CHLORASEPTIC) 1.4 % aerosol,spray	Normal, 1 Bottle,
<input type="checkbox"/> benzocaine (HURRICAIN) 20 % aerosol,spray	Normal, 1 Bottle, 0
<input type="checkbox"/> acetaminophen (TYLENOL) 500 MG tablet	Normal, 60 tablet, 0
<input type="checkbox"/> lidocaine 4 % adhesive patch,medicated	Normal, 6 patch, 0
<input type="checkbox"/> ibuprofen (ADVIL) 200 MG tablet	
Ibuprofen is not recommended for patients with eGFR LESS than 30 mL/min or acute kidney injury. Use with caution in patients on blood thinners and in patients with Grave's disease, large goiter, or age over 65 years due to increased risk of postoperative bleeding.	
<input type="checkbox"/> ibuprofen (ADVIL) 200 MG tablet	Normal, 60 tablet, 0

## VTE

Low Risk Definition Moderate Risk Definition

Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated. High Risk Definition

Both pharmacologic AND mechanical prophylaxis must be addressed.

Age less than 60 years and NO other VTE risk factors One or more of the following medical conditions: One or more of the following medical conditions:

CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome

Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)

Age 60 and above Severe fracture of hip, pelvis or leg

Central line Acute spinal cord injury with paresis

History of DVT or family history of VTE Multiple major traumas

Anticipated length of stay less than 48 hours Abdominal or pelvic surgery for CANCER

Less than fully and independently ambulatory Acute ischemic stroke

Estrogen therapy History of PE

Moderate or major surgery (not for cancer)

Major surgery within 3 months of admission

## Cardiology

## Imaging

## Other Studies

## Respiratory

## Rehab

## Consults

For Physician Consult orders use sidebar

## Additional Orders