General

Discharge Order (Single Response)

Discharge order (onigie 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-cat	heter, 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,	Routine, Normal
douching, sex)	Deutiers Managel
[] Complete pelvic rest (no tampons, douching, sex)	Routine, Normal
No driving for 2 weeks	Routine, Normal
Shower instructions:	Routine, Normal, ***
[] Discharge activity	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:
[] Madavata badvaatu ütbaaranlata nabiis vaat (oo taranaas	
[] 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
[] Shower instructions:	Routine, Normal, ***
[] Discharge activity	Routine, Normal
[] Other restrictions (specify):	Routine, Normal, ***
Discharge Post Operative Datient Instructions (Calestien D	loguirod
Discharge Post Operative Patient Instructions (Selection R This order communicates who provided Post Operative Patie	ent Instructions. You can use SmartPhrases in Comments to
pull in these instructions. All order Comments will appear o	
pan in these metrodonolis. All order comments will appear o	The Brocharge Cummary note and their addites / iter Visit

[] Discharge post operative patient instructions

Summary.

Discharge wound care	Routine, Normal, ***
Discharge incision care	Routine, Normal, ***
] Discharge dressing	Routine, Normal, ***
ischarge Diet (Single Response) (Selection Required)	
) Discharge Diet	Routine, Normal Discharge Diet:
) Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular
Discharge Diet (Single Response)	
() Discharge Diet	Routine, Normal Discharge Diet:
() Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular
Patient to notify physician	
] Call physician for:	Routine, Normal, Temperature greater than 100.5
] Call physician for: Persistent nausea or vomiting	Routine, Normal
] Call physician for: severe uncontrolled pain	Routine, Normal
] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow	Routine, Normal
discharge from affected area)	
 Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness 	Routine, Normal
] Call physician for difficulty breathing, chest pain,	Routine, Normal Routine, Normal, ***
 Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness Call physician for: 	
] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	

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).

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.

Visit the CDC for more information. CDC.GOV/CORNAVIRUS/2019-ncov/index.html

Place Follow-Up Order (Selection Required)

[] Follow-up with me	Follow up with me:
	Clinic Contact:
	Follow up in:
	On date:
	Appointment Time:
[] 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
Place Follow-Up Order	
[] Follow-up with me	Follow up with me:
	Clinic Contact:
	Follow up in:
	On date:
	Appointment Time:
[] 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:
1 Follow up with department	
[] Follow-up with department	Details

Discharge Instructions

[] Additional discharge instructions for Patient Routine, Normal Post-operative discharge instructions provided by: 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. 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 (https://lakebackday.dea.gov/), dispose after mixing with dirt, or use a disposal envelope if one was provided by the hospital or pharmacy. Pain medications may cause nausea and vomiting. You may take the medications with food. Do not take more than 3000 mg of acetaminophen-containing products including combination products). Please call our office if you have any questions about your pain medications.		
	Additional discharge instructions for Patient	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. 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 (https://takebackday.dea.gov/), dispose after mixing with dirt, or use a disposal envelope if one was provided by the hospital or pharmacy. 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

Medications

Opioids were purposefully omitted from this order set. 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.

Pain Medications

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.

[] ibuprofen (ADVIL) 200 MG tablet

Normal, 60 tablet, 0