

Location: \_\_\_\_\_

## General

### Discharge

If there are conditions that may hinder patient's discharge, select the Discharge Patient with Conditions option.

☒ **Discharge patient without Conditions** Once, Active for Discharge, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Comments have been disabled in the Discharge patient order. Conditions related to patient's discharge can be specified in the Conditional Discharge order.

☐ **Discharge Patient with Conditions**

☒ **Discharge patient** Once, Signed & Held Discharge, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Comments have been disabled in the Discharge patient order. Conditions related to patient's discharge can be specified in the Conditional Discharge order.

☒ **Conditional discharge order** Continuous, Active for Discharge, Routine

Conditions to meet before discharge:

This conditional discharge order is used to communicate that the patient is okay for discharge once conditions are met. The Discharge patient order will be released by the nurse after the condition(s) have been met.

Please note: Consultant clearance is not an appropriate use of the Comments field.

### Discontinue tubes/drains/telemetry

☐ **Discontinue Telemetry** Once, Routine

☐ **Remove Foley catheter** Once, Routine

☐ **Discharge home with Foley catheter** Once, Routine

☒ **Discontinue IV** Once, 1, Occurrences, 1, Routine

☐ **Deaccess port**

☐ **Deaccess Port-a-cath** Once, Routine

☐ **HEParin, porcine injection 100 units/mL flush** once

### Diet

☒ **Discharge Diet** Diet effective now, Routine

Discharge Diet: ☐ Regular

### Activity

☐ **Activity as tolerated** Until discontinued, 1, Routine

☐ **Ambulate with assistance or assistive device** Until discontinued, Routine

☐ **Strict bed rest** Until discontinued, Routine

☐ **Complete pelvic rest (nothing in the vagina)** Until discontinued, Routine

☐ **No sexual intercourse** Until discontinued, Routine

☐ **Avoid pulling or pushing movements and do not perform abdominal exercises until your physician releases you to do these activities** Until discontinued, Routine

☐ **Limit the number of trips up and down stairs** Until discontinued, Routine

☐ **You may take showers or baths. Use plain water- NO bubble baths or oils or you may run the risk of infection.** Until discontinued, Routine

☐ **Other restrictions (specify):** Until discontinued, 1, Routine, \*\*\*

### Patient to notify physician

☐ **Call physician for:** Until discontinued, Routine, \*\*\*

### Additional Instructions for Patient

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

- ☐ **Monitor blood pressures twice daily** Once, Routine
- ☐ **Home weight monitoring** Once, Routine
- ☐ **Additional discharge instructions for patient** Once, Routine

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

- ☐ **Discharge instructions for Nursing** Once, Routine

**Additional Patient Discharge Education**

- ☐ **Nurse to provide discharge education** Once, Routine

Patient/Family: ☐ BothEducation for: ☐ Other (specify)

Specify: Nurse to provide patient education

**CONFIRMED POSITIVE: COVID-19 Discharge Instructions**

- ☐ **CONFIRMED POSITIVE: COVID 19 Discharge instructions: Patients with Novel Coronavirus (COVID-19)** Once, Routine, 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 (Required)**

- ☐ **Follow-up with me** Until discontinued, Routine  
Follow up with me:  
Clinic Contact:  
Follow up in:  
On date:  
Appointment Time:
- ☐ **Follow-up with primary care physician** Until discontinued, Routine
- ☐ **Follow-up with Maternal Fetal Medicine Physician** Until discontinued, Routine
- ☐ **Follow-up with physician** Until discontinued, Routine
- ☐ **Follow-up with physician** Until discontinued, Routine
- ☐ **Follow-up with physician** Until discontinued, Routine
- ☐ **Follow-up with physician** Until discontinued, Routine
- ☐ **Follow-up with department** Until discontinued, Routine

Sign: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_