

Location: _____

General

Discharge (Required)

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

Discharge Activity (Required)

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

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

☐ **Lifting restrictions** Until discontinued, 1, Routine, No lifting over 10 pounds.

☐ **Weight bearing restrictions (specify)** Until discontinued, 1, Routine, ***

Weight Bearing Status:

Extremity:

☐ **Moderate bedrest with complete pelvic rest (no tampons, douching, sex)** Until discontinued, Routine

☐ **Complete pelvic rest (no tampons, douching, sex)** Until discontinued, Routine

☐ **No driving for 2 weeks** Until discontinued, Routine

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

Discharge Activity

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

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

☐ **Lifting restrictions** Until discontinued, 1, Routine, No lifting over 10 pounds.

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **Weight bearing restrictions (specify)** Until discontinued, 1, Routine, ***

Weight Bearing Status:

Extremity:

☐ **Moderate bedrest with complete pelvic rest (no tampons, douching, sex)** Until discontinued, Routine

☐ **Complete pelvic rest (no tampons, douching, sex)** Until discontinued, Routine

☐ **No driving for 2 weeks** Until discontinued, Routine

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

Discharge Post Operative Patient Instructions

This order communicates who provided Post Operative Patient Instructions. You can use SmartPhrases in Comments to pull in these instructions. All order Comments will appear on the Discharge Summary note and the Patient's After Visit Summary.

☐ **Discharge post operative patient instructions** Once, Routine

Post-Operative discharge instructions provided by:

Use SmartPhrases to pull in Post-Operative discharge instructions into this order. These instructions will appear on the Discharge Summary Note and the Patient's After Visit Summary.

Wound/Incision Care

☐ **Discharge wound care** Once, Routine, ***

☐ **Discharge incision care** Once, Routine, ***

☐ **Discharge dressing** Once, Routine, ***

Discharge Diet (Required)

☐ **Discharge Diet** Diet effective now, Routine

Discharge Diet:

☐ **Discharge Diet- Regular** Diet effective now, Routine

Discharge Diet: ☐ Regular

Discharge Diet

☐ **Discharge Diet** Diet effective now, Routine

Discharge Diet:

☐ **Discharge Diet- Regular** Diet effective now, Routine

Discharge Diet: ☐ Regular

Patient to notify physician

☒ **Call physician for:** Until discontinued, Routine, Temperature greater than 100.5

☐ **Call physician for: Persistent nausea or vomiting** Until discontinued, Routine

☐ **Call physician for: severe uncontrolled pain** Until discontinued, Routine

☐ **Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)** Until discontinued, Routine

☐ **Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness** Until discontinued, Routine

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

Additional Patient Discharge Education

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

Patient/Family: ☐ Both

Education for: ☐ Other (specify)

Specify: Nurse to provide patient education

Discharge Instructions

☐ **Additional discharge instructions for Patient** Once, Routine, ***

☐ **Discharge instructions for Nursing- Will not show on AVS** Once, Routine, ***

Place Follow-Up Order (Required)

"Follow-up with..." provider orders do NOT fall into Scheduling workqueues and not generally facilitated by Houston Methodist staff. It is the patient's responsibility to connect with provider/clinic to confirm follow-up appointments. If needed, place "Ambulatory referral to ..." provider orders which can fall into workqueues for management of those appointments.

@HMAVSFOLLOWUP@

Sign: _____ Printed Name: _____ Date/Time: _____

☐ **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 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

Place Follow-Up Order

"Follow-up with..." provider orders do NOT fall into Scheduling workqueues and not generally facilitated by Houston Methodist staff. It is the patient's responsibility to connect with provider/clinic to confirm follow-up appointments. If needed, place "Ambulatory referral to ..." orders which can fall into workqueues for management of those appointments.

@HMAVSFOLLOWUP@

☐ **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 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: _____