

Stroke Discharge

General

Hospital Problem Diagnoses

☐ Stroke, acute, thrombotic

☐ Diabetes Type II

☐ Hypercholesteremia

☐ Smokes tobacco daily

☐ A-fib

Discharge

☒ Discharge patient

Process Instructions: Reminder: If you are discharging to a Houston Methodist Facility that is Live on Epic, ensure you are placing Discharge Orders in the Discharge to HM Facility Navigator.

Discharge Date & Time:

Discharge Date: [Today] [Tomorrow]

Discharge Time: [Morning] [Midday] [Afternoon] [Evening]

Questions:

If 18 years - 120 years old:

Disposition: [Discharge Home] [Disch Home/Other Home Health] [Disch/Transf to HMH SNF] [Disch/Transf to Hospital-Based SNF] [Disch/Transf to Nursing Home-Based SNF] [Discharge to HMCCH LTAC] [Discharge to HMH LTAC Satellite] [Discharge to Long Term Acute (LTAC)] [Disch/Transf to HMH Rehab] [Disch/Transf to Other Rehab] [Disch to Hospice - Medical Facility] [Disch to Hospice - Home]

Is a readmission planned within 30 days? [Yes] [No]

If 0 years - 17 years old:

Disposition: [Discharge Home] [Disch/Transf to Cancer Ctr/Childrens Hsp] [Disch/Transf to Hospital] [Disch Home/Other Home Health]

If HM ORD LOGIN OR PATIENT UNIT DEPT NEONATOLOGY OB GYN is satisfied:

Hospital Transfer Name:

Discontinue tubes/drains/telemetry

☒ Discontinue Telemetry

Priority: [Routine] [STAT]

Frequency: [Once] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

☐ Remove Foley catheter

Priority: [Routine] [STAT]

Frequency: [Once] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

☐ Discharge home with Foley catheter

Priority: [Routine] [STAT]

Frequency: [Once] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

☒ Discontinue IV

Priority: [Routine]

Frequency: [Once]

Order comments:

Scheduling Instructions:

☐ Deaccess port (Selection Required)

☐ Deaccess Port-a-cath

Priority: [Routine] [STAT]

Frequency: [Once] [Q4H] [Q Shift] [Daily]

Order comments:

Scheduling Instructions:

☐ HEParin, porcine injection 100 units/mL flush

Dose: [100 Units] [500 Units]

Route: [intra-catheter] [intravenous]

Frequency: [Once] [Q8H PRN]

Admin Instructions:

Priority: [Routine]

Discharge Activity (Selection Required)

☒ Activity as tolerated per Rehab recommendations

Status: **Normal** [Standing] [Future]
Order comments: Follow rehab recommendations
Scheduling Instructions:

☐ Ambulate with assistance or assistive device

Status: **Normal** [Standing] [Future]
Order comments:
Scheduling Instructions:

☐ Lifting restrictions

Status: **Normal** [Standing] [Future]
Order comments: No lifting over 10 pounds.
Scheduling Instructions:

☐ Weight bearing restrictions (specify)

Status: **Normal** [Standing] [Future]
Order comments: ***
Scheduling Instructions:

Questions:

Weight Bearing Status: [Full weight bearing] [Weight bearing as tolerated] [Partial weight bearing] [Touch down weight bearing] [Non-weight bearing] [Toe touch weight bearing]
Extremity: [RUE] [RLE] [LUE] [LLE]

☒ No driving for 4 weeks

Status: **Normal** [Standing] [Future]
Order comments:
Scheduling Instructions:

☐ Other restrictions (specify):

Status: **Normal** [Standing] [Future]
Order comments: ***
Scheduling Instructions:

Discharge Activity

☒ Activity as tolerated per Rehab recommendations

Status: **Normal** [Standing] [Future]
Order comments: Follow rehab recommendations
Scheduling Instructions:

☐ Ambulate with assistance or assistive device

Status: **Normal** [Standing] [Future]
Order comments:
Scheduling Instructions:

☐ Lifting restrictions

Status: **Normal** [Standing] [Future]
Order comments: No lifting over 10 pounds.
Scheduling Instructions:

☐ Weight bearing restrictions (specify)

Status: **Normal** [Standing] [Future]
Order comments: ***
Scheduling Instructions:

Questions:

Weight Bearing Status: [Full weight bearing] [Weight bearing as tolerated] [Partial weight bearing] [Touch down weight bearing] [Non-weight bearing] [Toe touch weight bearing]
Extremity: [RUE] [RLE] [LUE] [LLE]

☒ No driving for 4 weeks

Status: **Normal** [Standing] [Future]
Order comments:
Scheduling Instructions:

☐ Other restrictions (specify):

Status: **Normal** [Standing] [Future]
Order comments: ***

Scheduling Instructions:

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

Status: **Normal** ☐ Standing ☐ Future ☐

Process Instructions: 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.

Order comments:

Scheduling Instructions:

Questions:

Post-Operative discharge instructions provided by: ☐ Physician/Physician's Office. Contact office with any questions. ☐ Nursing will provide instructions from Krames. ☐

Wound/Incision Care

☐ Discharge wound care

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments: ***

Scheduling Instructions:

☐ Discharge incision care

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments: ***

Scheduling Instructions:

☐ Discharge dressing

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments: ***

Scheduling Instructions:

Discharge Diet

☒ Discharge Diet - Heart Healthy

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments:

Scheduling Instructions:

Questions:

Discharge Diet: ☐ Regular ☒ Heart Healthy ☐ Diabetic ☐ Restricted sodium ☐ Renal ☐

☐ Discharge Diet

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments:

Scheduling Instructions:

Questions:

Discharge Diet: ☐ Regular ☐ Heart Healthy ☐ Diabetic ☐ Restricted sodium ☐ Renal ☐

☐ Discharge Diet- Regular

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments:

Scheduling Instructions:

Questions:

Discharge Diet: ☒ Regular ☐ Heart Healthy ☐ Diabetic ☐ Restricted sodium ☐ Renal ☐

Discharge Diet (Selection Required)

☒ Discharge Diet - Heart Healthy

Status: **Normal** ☐ Standing ☐ Future ☐

Order comments:

Scheduling Instructions:

Questions:

Discharge Diet: ☐ Regular ☒ Heart Healthy ☐ Diabetic ☐ Restricted sodium ☐ Renal ☐

() Discharge Diet

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

Questions:

Discharge Diet: [Regular] [Heart Healthy] [Diabetic] [Restricted sodium] [Renal]

() Discharge Diet- Regular

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

Questions:

Discharge Diet: **[Regular]** [Heart Healthy] [Diabetic] [Restricted sodium] [Renal]

Patient to notify physician

[X] Call physician for:

Status: **[Normal]** [Standing] [Future]
Order comments: Temperature greater than 100.5
Scheduling Instructions:

[] Call physician for: Persistent nausea or vomiting

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

[] Call physician for: severe uncontrolled pain

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

[] Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

[] Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

[] Call physician for:

Status: **[Normal]** [Standing] [Future]
Order comments: ***
Scheduling Instructions:

Additional Patient Discharge Education

[X] Nurse to provide discharge education

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Order comments:
Scheduling Instructions:

Questions:

Patient/Family: [Patient] [Family] **[Both]**
Education for: [Activity] [CHF education] [Diabetes education (performed by nurse)] [Discharge] [Drain care] [Fall risk] [Incentive spirometry] [Self admin of medication] [Smoking cessation counseling] **[Other (specify)]**
Specify: Nurse to provide patient education

Discharge Instructions

[] Additional discharge instructions for Patient

Status: **[Normal]** [Standing] [Future]
Order comments: ***
Scheduling Instructions:

[] Discharge instructions for Nursing- Will not show on AVS

Priority: **[Routine]**
Frequency: **[Once]** [Prior to Discharge]
Order comments: ***

Place Follow-Up Order

☐ Follow-up with me

Order comments:

Questions:

Follow up with me:
Clinic Contact:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
On date:
Appointment Time:

☒ Follow-up with primary care physician in 1-2 weeks

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

☒ Follow-up with Neurologist in 4-6 weeks

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with department

Referral Department:
Referral Reason:

Place Follow-Up Order (Selection Required)

☐ Follow-up with me

Order comments:

Questions:

Follow up with me:

Clinic Contact:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
On date:
Appointment Time:

☒ Follow-up with primary care physician in 1-2 weeks

Status: **[Normal]** [Standing] [Future]
Order comments:
Scheduling Instructions:

☒ Follow-up with Neurologist in 4-6 weeks

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with physician

Order comments:

Questions:

Follow up on:
Appointment Time:
Follow up in: [1 week] [2 weeks] [3 weeks] [4 weeks] [6 weeks] [As previously scheduled]
Instructions for Follow Up:

☐ Follow-up with department

Referral Department:
Referral Reason:

Medications for Discharge

Core Measures - Anticoagulants

Order not needed from this section if anticoagulant already ordered in reconciliation.

☐ Apixaban for Non-valvular Atrial Fibrillation (Selection Required)

Reduced dosing is recommended for patients with any 2 of the following characteristics:

1. Age 80 years or greater
2. Body weight 60 kg or less
3. Serum Creatinine 1.5 mg/dL or greater

☐ Normal dosing

Dose: [2.5 mg] **[5 mg]** [10 mg]
Route: oral
Frequency: **[BID]**
Dispense:

Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [prevent thromboembolism in chronic atrial fibrillation]
Comments:

[\(\) Reduced dosing](#)

Dose: **2.5 mg** [5 mg] [10 mg]
Route: oral
Frequency: **BID**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]
Comments:

[\(\) Dabigatran for Non-valvular Atrial Fibrillation \(Selection Required\)](#)

Use reduced dosing in patients with CrCl of 15-30 mL/min OR patients with a CrCl of 30-50 mL/min with concomitant dronedarone or ketoconazole use.

Avoid use in patients with CrCl LESS THAN 15 mL/min, on dialysis, OR with CrCl LESS than 30 mL/min with concomitant use of any P-gp inhibitors (eg amiodarone, clarithromycin, dronedarone, ketoconazole, verapamil, and others) or P-gp inducers (eg. rifampin).

[\(\) Normal dosing](#)

Dose: **150 mg**
Route: **oral**
Frequency: **BID**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]
Comments:

[\(\) Reduced dosing](#)

Dose: **75 mg** [150 mg]
Route: **oral**
Frequency: **BID**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [thrombosis with thrombocytopenia syndrome] [prevention of venous thromboembolism recurrence]
Comments:

[\(\) Rivaroxaban for Non-valvular Atrial Fibrillation \(Selection Required\)](#)

Renal dose reduction recommended in patients with a CrCl LESS than 50mL/min

[\(\) Normal dosing](#)

Dose: [10 mg] **20 mg**
Route: oral
Frequency: **Daily at 1700** [BID]
Dispense:

Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [prevention of thromboembolism in paroxysmal atrial fib] [thrombosis with thrombocytopenia syndrome] [thrombosis prevention after Fontan procedure] [prevention of venous thromboembolism recurrence]
Comments:

() **Reduced dosing**

Dose: **15 mg**
Route: oral
Frequency: **Daily at 1700** [BID]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [pulmonary thromboembolism] [deep venous thrombosis] [deep vein thrombosis prevention] [thrombosis in heparin-induced thrombocytopenia] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [prevent thromboembolism in chronic atrial fibrillation] [prevention of thromboembolism in paroxysmal atrial fib] [thrombosis with thrombocytopenia syndrome] [thrombosis prevention after Fontan procedure] [prevention of venous thromboembolism recurrence]
Comments:

() **enoxaparin (LOVENOX) (Selection Required)**

() **enoxaparin (LOVENOX) 60 mg/0.6 mL syringe**

Dose: **1 mg/kg**
Weight Type: **Recorded** [Ideal] [Adjusted] [Order-Specific]
Route: subcutaneous
Frequency: **Q12H** [BID] [Q24H]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [prevention of ischemic complications of non-Q wave MI] [prevention of cardiac ischemia in unstable angina] [thrombosis prevention after PCI] [prevention of recurrent venous thrombosis in malignancy] [acute ST elevation myocardial infarction] [prevent extracorporeal clotting during hemodialysis]
Comments:

() **enoxaparin (LOVENOX) 80 mg/0.8 mL syringe**

Dose: **1 mg/kg**
Weight Type: **Recorded** [Ideal] [Adjusted] [Order-Specific]
Route: subcutaneous
Frequency: **Q12H** [BID] [Q24H]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Indications: [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [prevention of ischemic complications of non-Q wave MI] [prevention of cardiac ischemia in unstable angina] [thrombosis prevention after PCI] [prevention of recurrent venous thrombosis in malignancy] [acute ST elevation myocardial infarction] [prevent extracorporeal clotting during hemodialysis]
Comments:

() **enoxaparin (LOVENOX) 100 mg/mL syringe**

Dose: **1 mg/kg** [100 mg]
Weight Type: **Recorded** [Ideal] [Adjusted] [Order-Specific]
Route: subcutaneous
Frequency: **Q12H** [BID] [Q24H]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:

Dispense As Written: No

Admin Instructions:

Class: **Normal** [Print] [Phone In] [No Print] [Sample]

Indications: [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [prevention of ischemic complications of non-Q wave MI] [prevention of cardiac ischemia in unstable angina] [thrombosis prevention after PCI] [prevention of recurrent venous thrombosis in malignancy] [acute ST elevation myocardial infarction] [prevent extracorporeal clotting during hemodialysis]

Comments:

() enoxaparin (LOVENOX) 120 mg/0.8 mL syringe

Dose: **1 mg/kg**

Weight Type: **Recorded** [Ideal] [Adjusted] [Order-Specific]

Route: subcutaneous

Frequency: **Q12H** [BID] [Q24H]

Dispense:

Days/Fill: [30] [90] [100]

Quantity:

Refills:

Dispense As Written: No

Admin Instructions:

Class: **Normal** [Print] [Phone In] [No Print] [Sample]

Indications: [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [prevention of ischemic complications of non-Q wave MI] [prevention of cardiac ischemia in unstable angina] [thrombosis prevention after PCI] [prevention of recurrent venous thrombosis in malignancy] [acute ST elevation myocardial infarction] [prevent extracorporeal clotting during hemodialysis]

Comments:

() enoxaparin (LOVENOX) 150 mg/mL injection

Dose: **1 mg/kg** [1.5 mg/kg]

Weight Type: **Recorded** [Ideal] [Adjusted] [Order-Specific]

Route: **subcutaneous**

Frequency: **Q12H** [Daily]

Dispense:

Days/Fill: [30] [90] [100]

Quantity:

Refills:

Dispense As Written: No

Admin Instructions:

Class: **Normal** [Print] [Phone In] [No Print] [Sample]

Indications: [deep venous thrombosis] [deep vein thrombosis prevention] [deep vein thrombosis with pulmonary embolism] [hip surgery deep vein thrombosis prevention] [knee replacement deep vein thrombosis prevention] [abdominal surgery deep vein thrombosis prevention] [prevention of ischemic complications of non-Q wave MI] [prevention of cardiac ischemia in unstable angina] [thrombosis prevention after PCI] [prevention of recurrent venous thrombosis in malignancy] [acute ST elevation myocardial infarction] [prevent extracorporeal clotting during hemodialysis]

Comments:

() warfarin (COUMADIN) tablets 5 mg

Dose: **5 mg**

Route: **oral**

Frequency: **Daily** [Daily at 1700]

Starting: Today

Dispense:

Days/Fill: [30] [90] [100]

Quantity:

Refills: 0

Dispense As Written: No

Admin Instructions: Take 1 tablet (5mg) by mouth daily for 30 days.

Class: **Normal** [Print] [Phone In] [No Print] [Sample]

Comments:

() Reason for not prescribing anticoagulation at discharge

Priority: Routine

Frequency: **Once** [Prior to Discharge]

Order comments:

Questions:

Reason for not prescribing anticoagulation therapy at discharge: [Allergy to all anticoagulant medications] [Aortic dissection] [Bleeding disorder] [Brain/CNS cancer] [CVA, hemorrhagic] [Extensive/metastatic CA] [Hemorrhage, any type] [Intracranial surgery/biopsy] [Peptic ulcer] [Planned surgery within 7 days following discharge] [Unrepaired intracranial aneurysm] [Patient/family refusal]

Core Measures - Antiplatelets

Order not needed from this section if antiplatelet already ordered in reconciliation.

() aspirin (ECOTRIN) enteric coated tablet

Dose: **[81 mg]** [162 mg]
Route: **[oral]**
Frequency: **[Daily]** [Once]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **[Normal]** [Print] [Phone In] [No Print] [Sample]
Comments:

() aspirin-dipyridamole (AGGRENOL) 25-200 mg 12 hr capsule

Dose: **[1 capsule]**
Route: **[oral]**
Frequency: **[BID]**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **[Normal]** [Print] [Phone In] [No Print] [Sample]
Comments:

() clopidogrel (PLAVIX) 75 MG tablet

Dose: **[75 mg]**
Route: **[oral]**
Frequency: **[Daily]**
Dispense:
Days/Fill: [30] [90] [100]
Quantity: 30 tablet
Refills:
Dispense As Written: No
Admin Instructions:
Class: **[Normal]** [Print] [Phone In] [No Print] [Sample]
Comments:

() Reason for not prescribing antiplatelet therapy at Discharge

Priority: Routine
Frequency: **[Once]** [Prior to Discharge]
Order comments:

Questions:

Reason for not prescribing antithrombotic therapy at discharge? [Patient is allergic to ALL thrombotic medications] [Aortic dissection] [Bleeding disorder] [Brain/CNS cancer] [CVA, hemorrhagic] [Extensive/metastatic CA] [Hemorrhage, any type] [Intracranial surgery/biopsy] [Peptic ulcer] [Planned surgery within 7 days following discharge] [Risk of bleeding] [Unrepaired intracranial aneurysm] [Patient/family refusal]

Core Measures - Statins for Discharged Stroke Patients

Order not needed from this section if statin already ordered in reconciliation.

[] Patients 75 years or younger (Selection Required)

[] atorvastatin (LIPITOR) 40 mg tablet

Dose: [20 mg] **[40 mg]** [80 mg]
Route: **[oral]**
Frequency: **[Daily]**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **[Normal]** [Print] [Phone In] [No Print] [Sample]
Comments:

[] rosuvastatin (CRESTOR) 20 mg tablet

Dose: [10 mg] **[20 mg]** [40 mg]
Route: **[oral]**
Frequency: **[Daily]**
Dispense:

Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

☐ Reason for not Prescribing Statin Medication at Discharge

Priority: Routine
Frequency: **Once** [Prior to Discharge]
Order comments:

Questions:

Reason for not prescribing statin medication at discharge? [Allergy or Prior Adverse Reaction] [Patient Refused] [Medical Contraindication Specify]

☐ Patients > 75 years (Selection Required)

☐ atorvastatin (LIPITOR) 10 mg tablet

Dose: **10 mg** [20 mg] [40 mg] [80 mg]
Route: **oral**
Frequency: **Daily**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

☐ atorvastatin (LIPITOR) 20 mg tablet

Dose: [10 mg] **20 mg** [40 mg] [80 mg]
Route: **oral**
Frequency: **Daily**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

☐ fluvastatin XL (LESCOL XL) 80 mg 24 hr tablet

Dose: **80 mg**
Route: **oral**
Frequency: **Daily**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

☐ fluvastatin (LESCOL) 80 mg capsules

Dose: **80 mg** [40 mg]
Route: **oral**
Frequency: **Nightly** [BID]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

☐ lovastatin (ALTOPREV) 40 mg 24 hr tablet

Dose: **40 mg**
Route: **oral**
Frequency: **Nightly**
Dispense:

Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] lovastatin \(ALTOPREV\) 60 mg 24 hr tablet](#)

Dose: **60 mg**
Route: **oral**
Frequency: **Nightly**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] lovastatin \(MEVACOR\) 40 mg tablet](#)

Dose: [20 mg] **40 mg**
Route: **oral**
Frequency: **Nightly**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] pitavastatin calcium \(LIVALO\) 2 mg tablet](#)

Dose: [1 mg] **2 mg** [4 mg]
Route: oral
Frequency: **Nightly**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] pitavastatin calcium \(LIVALO\) 4 mg tablet](#)

Dose: 4 mg
Route: oral
Frequency: Nightly
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] pravastatin \(PRAVACHOL\) 40 mg tablet](#)

Dose: [20 mg] **40 mg** [80 mg]
Route: **oral**
Frequency: **Daily**
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: **Normal** [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] pravastatin \(PRAVACHOL\) 80 mg tablet](#)

Dose: [40 mg] **80 mg**
Route: **oral**
Frequency: **Daily**

Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: [Normal] [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] rosuvastatin \(CRESTOR\) 5 mg tablet](#)

Dose: [5 mg] [10 mg] [20 mg] [40 mg]
Route: [oral]
Frequency: [Daily]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: [Normal] [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] rosuvastatin \(CRESTOR\) 10 mg tablet](#)

Dose: [5 mg] [10 mg] [20 mg] [40 mg]
Route: [oral]
Frequency: [Daily]
Dispense:
Days/Fill: [30] [90] [100]
Quantity:
Refills:
Dispense As Written: No
Admin Instructions:
Class: [Normal] [Print] [Phone In] [No Print] [Sample]
Comments:

[\[\] Reason for not Prescribing Statin Medication at Discharge](#)

Priority: Routine
Frequency: [Once] [Prior to Discharge]
Order comments:

[Questions:](#)

Reason for not prescribing statin medication at discharge? [Allergy or Prior Adverse Reaction] [Patient Refused] [Medical Contraindication Specify]