

Location: _____

General

Hospital Problem Diagnoses

- Stroke, acute, thrombotic** Once, Routine
- Diabetes Type II** Once, Routine
- Hypercholesteremia** Once, Routine
- Smokes tobacco daily** Once, Routine
- A-fib** Once, Routine

Discharge

- Discharge patient** Once, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

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 per Rehab recommendations** Until discontinued, 1, Routine, Follow rehab recommendations
- 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:

- No driving for 4 weeks** Until discontinued, Routine
- Other restrictions (specify):** Until discontinued, 1, Routine, ***

Discharge Activity

- Activity as tolerated per Rehab recommendations** Until discontinued, 1, Routine, Follow rehab recommendations
- 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:

- No driving for 4 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:

Wound/Incision Care

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

- Discharge wound care** Once, Routine, ***
- Discharge incision care** Once, Routine, ***
- Discharge dressing** Once, Routine, ***

Discharge Diet

Discharge Diet - Heart Healthy Diet effective now, Routine
Discharge Diet: Heart Healthy

Discharge Diet Diet effective now, Routine
Discharge Diet:

Discharge Diet- Regular Diet effective now, Routine
Discharge Diet: Regular

Discharge Diet (Required)

Discharge Diet - Heart Healthy Diet effective now, Routine
Discharge Diet: Heart Healthy

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

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 in 1-2 weeks** Until discontinued, Routine
- Follow-up with Neurologist in 4-6 weeks** 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 (Required)

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 in 1-2 weeks Until discontinued, Routine

Follow-up with Neurologist in 4-6 weeks 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

Medications for Discharge

Anticoagulants

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

Apixaban for Non-valvular Atrial Fibrillation

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 5 mg, oral, 2 times daily

Indications:

Reduced dosing 2.5 mg, oral, 2 times daily

Indications:

Dabigatran for Non-valvular Atrial Fibrillation

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 150 mg, oral, 2 times daily

Indications:

Swallow capsules whole; do not chew, break, or empty the contents of the capsule

Reduced dosing 75 mg, oral, 2 times daily

Indications:

Swallow capsules whole; do not chew, break, or empty the contents of the capsule

Rivaroxaban for Non-valvular Atrial Fibrillation

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

Normal dosing 20 mg, oral, daily at 1700

Indication:

For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption.

Do not administer via post-pyloric routes.

Reduced dosing 15 mg, oral, daily at 1700

Indications:

For Xarelto 15 mg and 20 mg, give with food or follow administration with enteral feeding to increase medication absorption.

Do not administer via post-pyloric routes.

enoxaparin (LOVENOX)

enoxaparin (LOVENOX) 60 mg/0.6 mL syringe 1 mg/kg, subcutaneous, every 12 hours

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

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

enoxaparin (LOVENOX) 80 mg/0.8 mL syringe 1 mg/kg, subcutaneous, every 12 hours

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

enoxaparin (LOVENOX) 100 mg/mL syringe 1 mg/kg, subcutaneous, every 12 hours

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

enoxaparin (LOVENOX) 120 mg/0.8 mL syringe 1 mg/kg, subcutaneous, every 12 hours

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

enoxaparin (LOVENOX) 150 mg/mL injection 1 mg/kg, subcutaneous, every 12 hours

Administer by deep subcutaneous injection into the left and right anterolateral or posterolateral abdominal wall. Alternate injection site with each administration.

warfarin (COUMADIN) tablets 5 mg 5 mg, oral, daily, S, 0

Indication:

Dose Selection Guidance:

Reason for not prescribing anticoagulation at discharge Once, Routine

Reason for not prescribing anticoagulation therapy at discharge:

Antiplatelets

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

aspirin (ECOTRIN) enteric coated tablet 81 mg, oral, daily

aspirin-dipyridamole (AGGRENOL) 25-200 mg 12 hr capsule 1 capsule, oral, 2 times daily

clopidogrel (PLAVIX) 75 MG tablet 75 mg, oral, daily, 30 tablet

Reason for not prescribing antiplatelet therapy at Discharge Once, Routine

Reason for not prescribing antithrombotic therapy at discharge?

Core Measures - Statins for Discharged Stroke Patients

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

Core Measures - Statins for Discharged Stroke Patients 75 years or younger

atorvastatin (LIPITOR) 40 mg tablet 40 mg, oral, daily

rosuvastatin (CRESTOR) 20 mg tablet 20 mg, oral, daily

Reason for not Prescribing Statin Medication at Discharge Once, 1, Routine

Reason for not prescribing statin medication at discharge?

Core Measures - Statins for Discharged Stroke Patients > 75 years

atorvastatin (LIPITOR) 10 mg tablet 10 mg, oral, daily

atorvastatin (LIPITOR) 20 mg tablet 20 mg, oral, daily

fluvastatin XL (LESCOL XL) 80 mg 24 hr tablet 80 mg, oral, daily

Do not crush or chew.

fluvastatin (LESCOL) 80 mg capsules 80 mg, oral, nightly

lovastatin (ALTOPREV) 40 mg 24 hr tablet 40 mg, oral, nightly

lovastatin (ALTOPREV) 60 mg 24 hr tablet 60 mg, oral, nightly

lovastatin (MEVACOR) 40 mg tablet 40 mg, oral, nightly

pitavastatin calcium (LIVALO) 2 mg tablet 2 mg, oral, nightly

pitavastatin calcium (LIVALO) 4 mg tablet 4 mg, oral, nightly

pravastatin (PRAVACHOL) 40 mg tablet 40 mg, oral, daily

pravastatin (PRAVACHOL) 80 mg tablet 80 mg, oral, daily

rosuvastatin (CRESTOR) 5 mg tablet 5 mg, oral, daily

rosuvastatin (CRESTOR) 10 mg tablet 10 mg, oral, daily

Reason for not Prescribing Statin Medication at Discharge Once, 1, Routine

Reason for not prescribing statin medication at discharge?

Sign: _____ Printed Name: _____

Date/Time: _____