

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 Frequency: Once Phase of Care: Active for Discharge Priority: Routine

Question(s):

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Process Instructions:

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 Frequency: Once Phase of Care: Signed & Held Discharge Priority: Routine

Question(s):

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Process Instructions:

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 Frequency: Continuous Phase of Care: Active for Discharge Priority: Routine

Question(s):

Conditions to meet before discharge:

Process Instructions:

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 Frequency: Once Priority: Routine

Remove Foley catheter Frequency: Once Priority: Routine

Discharge home with Foley catheter Frequency: Once Priority: Routine

Discontinue IV Frequency: Once Frequency Limit: 1 Occurrences Ordering Quantity: 1 Priority: Routine

Deaccess port

Deaccess Port-a-cath Frequency: Once Priority: Routine

HEParin, porcine injection 100 units/mL flush Frequency: once

Activity (Required)

Resume normal activity Frequency: Until discontinued Priority: Routine

Activity as tolerated Frequency: Until discontinued Ordering Quantity: 1 Priority: Routine

Ambulate with assistance or assistive device Frequency: Until discontinued Priority: Routine

No lifting over 10 lbs or strenuous activity Frequency: Until discontinued Priority: Routine

Complete pelvic rest (nothing in the vagina) for 6 weeks Frequency: Until discontinued Priority: Routine

No driving until cleared by physician. Do not drive while taking narcotic medications. Frequency: Until discontinued Priority: Routine

Showers only, no baths Frequency: Until discontinued Priority: Routine

Weight bearing restrictions (specify) Frequency: Until discontinued Ordering Quantity: 1 Priority: Routine

Question(s):

Weight Bearing Status:

Extremity:

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

Other restrictions (specify): Frequency: Until discontinued **Ordering Quantity: 1 Priority: Routine**

Discharge Activity

- Resume normal activity** Frequency: Until discontinued **Priority: Routine**
- Activity as tolerated** Frequency: Until discontinued **Ordering Quantity: 1 Priority: Routine**
- Ambulate with assistance or assistive device** Frequency: Until discontinued **Priority: Routine**
- No lifting over 10 lbs or strenuous activity** Frequency: Until discontinued **Priority: Routine**
- Pelvic rest for** Frequency: Until discontinued **Priority: Routine**
- Complete pelvic rest (nothing in the vagina) for 6 weeks** Frequency: Until discontinued **Priority: Routine**
- No driving until cleared by physician. Do not drive while taking narcotic medications.** Frequency: Until discontinued **Priority: Routine**
- Showers only, no baths** Frequency: Until discontinued **Priority: Routine**
- Weight bearing restrictions (specify)** Frequency: Until discontinued **Ordering Quantity: 1 Priority: Routine**

Question(s):

Weight Bearing Status:

Extremity:

Other restrictions (specify): Frequency: Until discontinued **Ordering Quantity: 1 Priority: Routine**

Discharge Diet (Required)

Discharge Diet Frequency: Diet effective now **Priority: Routine**

Question(s):

Discharge Diet:

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

Discharge Diet- Regular Frequency: Diet effective now **Priority: Routine**

Question(s):

Discharge Diet: Regular

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

Discharge Diet

Discharge Diet Frequency: Diet effective now **Priority: Routine**

Question(s):

Discharge Diet:

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

Discharge Diet- Regular Frequency: Diet effective now **Priority: Routine**

Question(s):

Discharge Diet: Regular

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

Incision/Wound Care Instructions

- Leave Steri-Strips in place for post-operative visit** Frequency: Once **Priority: Routine**
- Drain care (specify)** Frequency: Once **Priority: Routine**
- Discharge dressing** Frequency: Once **Priority: Routine**
- Discharge incision care** Frequency: Once **Priority: Routine**
- Discharge wound care** Frequency: Once **Priority: Routine**

Patient to notify physician

Call physician for: Frequency: Until discontinued **Priority: Routine**

Additional Discharge Instructions for Nursing (will not show on After Visit Summary)

- Post-op voiding trial** Frequency: Once **Priority: Routine**
- Remove vaginal packing** Frequency: Once **Priority: Routine** **Comments:** Remove vaginal packing

Question(s):

Dressing location :

Discontinue staples and apply steri strips prior to discharge Frequency: Once **Priority: Routine**

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

- Remove bandage for post operative patients** Frequency: Once Priority: Routine
- If mother Rh-, ensure Rhogam administered prior to discharge** Frequency: Once Priority: Routine
- Discharge instructions for Nursing** Frequency: Once Priority: Routine

Additional Discharge Instructions for Patient

- Additional discharge instructions for Patient** Frequency: Once Priority: Routine Comments: ***
- Pelvic Rest** Frequency: Once Priority: Routine

Additional Patient Discharge Education

- Nurse to provide discharge education** Frequency: Once Priority: Routine

Question(s):

Patient/Family: Both

Education for: Other (specify)

Specify: Nurse to provide patient education

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@

- Follow-up with me** Frequency: Until discontinued Priority: Routine

Question(s):

Follow up with me:

Clinic Contact:

Follow up in: 1 week

On date:

Appointment Time:

- Follow-up with primary care physician** Frequency: Until discontinued Priority: Routine
- Follow-up with physician** Frequency: Until discontinued Priority: Routine
- Follow-up with physician** Frequency: Until discontinued Priority: Routine
- Follow-up with physician** Frequency: Until discontinued Priority: Routine
- Follow-up with physician** Frequency: Until discontinued Priority: Routine
- Follow-up with department** Frequency: Until discontinued Priority: Routine

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- Follow-up with physician** Frequency: Until discontinued Priority: Routine
- Follow-up with department** Frequency: Until discontinued Priority: Routine