

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

## General

## Discharge

 **Discharge to Home Self Care** Once, 1, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Should the Medically Ready date be updated to today? [Don't Select Yes if They Were Medically Ready Before Today]:

 **Discharge to SNF** Once, 1, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Should the Medically Ready date be updated to today? [Don't Select Yes if They Were Medically Ready Before Today]:

 **Discharge to:** Once, 1, Routine

Disposition:

Disposition:

Is a readmission planned within 30 days?

Hospital Transfer Name:

Should the Medically Ready date be updated to today? [Don't Select Yes if They Were Medically Ready Before Today]:

## Discontinue tubes/drains

 **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

## Activity

 **Discharge activity:** Until discontinued, Routine **Lifting restrictions** Until discontinued, 1, Routine **No driving** Until discontinued, Routine, Until no longer on pain medications **Other restrictions (specify):** Until discontinued, 1, Routine, \*\*\*

## Wound/Incision Care

 **Discharge wound care** Once, Routine, Patient to follow up with surgeon for staple removal and incision inspection In \*\*\* weeks **Discharge incision care** Once, Routine, \*\*\* **Discharge dressing** Once, Routine, \*\*\*

## Discharge Diet

 **Discharge Diet** Diet effective now, Routine

Discharge Diet:

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

 **Discharge Diet: Regular** Diet effective now, RoutineDischarge Diet:  Regular

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

 **Discharge Diet: Diabetic** Diet effective now, RoutineDischarge Diet:  Diabetic

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

## Patient to notify physician

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

**Call VAD Coordinator for:** Until discontinued, Routine, For any concerns or questions, call your VAD Coordinator 713-441-5451

**Call Methodist Transplant Center Phone Number and 24 Hour Emergency Line:** Until discontinued, Routine, For any concerns at 713-441-5451 or Toll Free 1-888-393-3986

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

#### Discharge Education

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

Patient/Family:  Both

Education for:  Other (specify)

Specify: Print from Krames and give to patient

#### Discharge Instructions

**Patient is to carry with them at all times:** Once, Routine, 1. Letter in Case of Emergency 2. Battery backup controller

**Patient to have labs drawn on:** Once, Routine, \*\*\* (date)

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

#### Discharge Labs

**Basic metabolic panel** Once, Routine, Blood, 3

**CBC with platelet and differential** Once, Routine, Blood, 3

**Prothrombin time with INR** Once, Routine, Blood, 3

#### Place Follow-Up Order (Required)

**Follow-up with primary care physician** Until discontinued, Routine

**Follow-up with surgeon** Until discontinued, Routine

Instructions for Follow Up: Follow up in VAD clinic per protocol on \*\*\* (date)

**Follow-up with physician** Until discontinued, Routine

**Follow-up with physician** Until discontinued, Routine

**Follow-up with department** Until discontinued, Routine

#### Discharge Medications

##### Antihypertensives

**lisinopril (PRINIVIL,ZESTRIL) tablet** 5 mg, oral, user specified

BP HOLD parameters for this order:

Contact Physician if:

**hydrALAZINE (APRESOLINE) tablet** 25 mg, oral, every 6 hours scheduled

BP HOLD parameters for this order:

Contact Physician if:

**carvedilol (COREG) tablet** 3.125 mg, oral, 2 times daily

BP & HR HOLD parameters for this order:

Contact Physician if:

**amLODIPine (NORVASC) tablet** 5 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

**amLODIPine (NORVASC) tablet** 10 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

##### Diuretics

**spironolactone (ALDACTONE) tablet** 25 mg, oral, daily

BP HOLD parameters for this order:

Contact Physician if:

Nurse to check current serum Potassium level prior to Administration. Call MD if Potassium is greater than 5. HOLD DOSE FOR POTASSIUM LEVELS GREATER THAN 5. Avoid salt substitutes unless approved by MD.

**furosemide (LASIX) tablet** 40 mg, oral, 2 times daily at 0900, 1700

##### Other Medications

**potassium chloride (KAYCIEL) 20 mEq/15 mL solution** 20 mEq, oral, 2 times daily

Hold Paramaters:

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

- omeprazole (PriLOSEC) capsule** 40 mg, oral, 2 times daily at 0600, 1700

Indication(s) for Proton Pump Inhibitor (PPI) Therapy:

- metoclopramide (REGLAN) tablet** 10 mg, oral, every 6 hours
- multivitamin with minerals tablet** 1 tablet, oral, daily
- sennosides-docusate sodium (SENOKOT-S) 8.6-50 mg per tablet** 2 tablet, oral, 2 times daily

**darbepoetin (ARANESP) injection solution**

- darbepoetin (ARANESP) injection solution** subcutaneous, Weekly at 1600

Diagnosis:

Hemoglobin Goal (g/dL):

Hematocrit Goal (%):

Take Once Weekly On: \_\_\_\_\_

**Antithrombotic Management**

- enoxaparin (LOVENOX) injection** subcutaneous

Indication(s):

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

- Warfarin (COUMADIN) - NO Pharmacy Consult CPOE**

- warfarin (COUMADIN) tablet** 1 , oral, daily at 1700

Indication:

Dose Selection Guidance:

- Notify Physician for INR GREATER than 4** Until discontinued, Routine

BUN greater than:

Creatinine greater than:

Glucose greater than:

Glucose less than:

Hct less than:

Hgb less than:

LDL greater than:

Magnesium greater than (mg/dL):

Magnesium less than (mg/dL):

Platelets less than:

Potassium greater than (mEq/L):

Potassium less than (mEq/L):

PT/INR greater than:

PT/INR less than:

PTT greater than:

PTT less than:

Serum Osmolality greater than:

Serum Osmolality less than:

Sodium greater than:

Sodium less than:

WBC greater than:

WBC less than:

Other Lab (Specify):

- STAT CBC with platelet and differential** STAT, 1, Occurrences, Routine, Blood, 3

- STAT Prothrombin time with INR** STAT, 1, Occurrences, Routine, Blood, 3

- Routine Prothrombin time with INR - AM Draw** AM draw repeats, 3, Occurrences, Routine, Blood, 3

- For SNF Units - Prothrombin time with INR every 7 days** Weekly, -1, Occurrences, S, Routine, Blood, 3

- aspirin chewable tablet** 81 mg, oral, daily at 1700

- aspirin tablet** 325 mg, oral, daily at 1700

- dipyridamole (PERSANTINE) tablet** 25 , oral, 3 times daily

- pentoxifylline (TRENtal) CR tablet** 400 mg, oral, 3 times daily

Do NOT crush

**TAH Dietary Supplements**

- ascorbic acid (VITAMIN C) tablet** 500 mg, oral, 2 times daily

- folic acid (FOLVITE) tablet** 1 mg, oral, daily

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

- cyanocobalamin tablet** 1000 mcg, oral, daily
- ferrous sulfate tablet** 325 mg, oral, 2 times daily with meals  
Each 325 mg tablet contains 65 mg of elemental iron

**Pain Medications**

- acetaminophen (TYLENOL) tablet** 650 mg, oral, every 4 hours PRN, mild pain (score 1-3)  
moderate pain (score 4-6)  
Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).
- HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet** 5-325 , oral, every 4 hours PRN, moderate pain (score 4-6)  
severe pain (score 7-10)  
Allowance for Patient Preference:  
Give if patient can receive oral tablet/capsule.