

Location: _____

General

Discharge

Discharge patient Frequency: Once Priority: Routine

Question(s):

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]:

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.

Discontinue tubes/drains

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

Discharge activity: Frequency: Until discontinued Priority: Routine Comments: We encourage you to to be up and active during the day. This will help prevent blood clots and will also help you sleep better at night. You are allowed to walk as fast as your endurance will tolerate as long as you are accompanied by a family member or other support person.

Lifting restrictions Frequency: Until discontinued Ordering Quantity: 1 Priority: Routine Comments: You should lift nothing heavier than 5 lbs (i.e.: one gallon of milk) for six weeks time. We will reassess your activity, driving and return to work issues in follow-up visits.

No driving Frequency: Until discontinued Priority: Routine Comments: Until no longer on pain medications

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

Wound/Incision Care

Discharge wound care Frequency: Once Priority: Routine Comments: Patient to follow up with surgeon for staple removal and incision inspection In *** weeks

Discharge incision care Frequency: Once Priority: Routine Comments: ***

Discharge dressing Frequency: Once Priority: Routine Comments: ***

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:

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

Question(s):

Discharge Diet: Diabetic

IDDSI Solid Consistency:

IDDSI Liquid Consistency:

Patient to notify physician

Sign: _____

Printed Name: _____

Date/Time: _____

Call physician for: Frequency: Until discontinued **Priority:** Routine **Comments:** Should you have any difficulties with prescriptions, wound care, follow-up or the development of new symptoms including pain, fevers, redness at your wound or leg swelling, please call our office immediately.

Call Physician for: Frequency: Until discontinued **Priority:** Routine **Comments:** The Liver Surgery Team can be reached 24 hours a day through the Methodist Liver Center 713-441-8839 or 1-866-94-LIVER (54837)

Discharge Education

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

Question(s):

Patient/Family: Both

Education for: Other (specify)

Specify: Print from Krames and give to patient

Discharge Instructions

Discharge instructions for patient Frequency: Once **Priority:** Routine **Comments:** ***

Discharge instructions for Nursing- Will not show on AVS Frequency: Once **Priority:** Routine **Comments:** ***

Place Follow-Up Order (Required)

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

Follow-up with surgeon Frequency: Until discontinued **Priority:** Routine **Comments:** Wednesday Hepatobiliary Surgery Clinic in *** (weeks/months). Follow up appointment, please call 713-441-8839. Concerns/Issues: M-F between 7AM-3:30 PM call Jordan Frosch, NP (HPB NP) at 713-441-4166 Anytime after 3:30 PM and on weekends call 713-768-0707.

Question(s):

Instructions for Follow Up: Wednesday HPB Surgery Clinic in *** (weeks/months). Follow up appointment, please call 713-441-8839. For concerns/Issues: M-F between 7AM-3:30 PM call Jordan Frosch, NP (HPB NP) at 713-441-4166 Anytime after 3:30 PM and on weekends call 713-768-0707.

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

Discharge Medications

Stress Ulcer Prophylaxis

omeprazole (PriLOSEC) capsule Dose: 20 mg **Route:** oral **Frequency:** nightly

Question(s):

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

Pain Management

acetaminophen (TYLENOL) tablet Dose: 650 mg **Route:** oral **Frequency:** every 4 hours PRN **PRN Reasons:** mild pain (score 1-3)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

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 Dose: 1 tablet **Route:** oral **Frequency:** every 4 hours PRN **PRN Reasons:** moderate pain (score 4-6)

Question(s):

Allowance for Patient Preference:

Product Admin Instructions:

Give if patient can receive oral tablet/capsule.

HYDROcodone-acetaminophen (NORCO 10-325) 10-325 mg per tablet Dose: 1 tablet **Route:** oral **Frequency:** every 4 hours PRN **PRN Reasons:** severe pain (score 7-10)

Question(s):

Allowance for Patient Preference:

DVT Prophylaxis

enoxaparin (LOVENOX) injection Dose: 40 mg **Route:** subcutaneous **Frequency:** daily at 1700

Question(s):

Indication(s):

Product Admin Instructions:

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

HEParin (porcine) injection Dose: 5000 Units **Route:** subcutaneous **Frequency:** every 12 hours

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

Blood Glucose Management and Finger Stick Blood Glucose Checks

- insulin GLARGINE (LANTUS) injection** Dose: 100 Route: subcutaneous Frequency: see admin instructions

Admin Instructions:

Inject _____ units every morning and _____ units every evening.

- aspart (NovoLOG) Subcutaneous Sliding Scale**

- insulin ASPART (NovoLOG) injection** Dose: 100 Route: subcutaneous Frequency: 3 times daily before meals

Admin Instructions:

If blood sugar is 70 or LESS, take no insulin of any kind, drink orange juice or milk and call the doctor

If blood sugar 70-120 take 0 units

If blood sugar 121-150 take 2 units

If blood sugar 151-200 take 4 units

If blood sugar 201-250 take 6 units

If blood sugar 251-300 take 8 units

If blood sugar 301-350 take 10 units

If blood sugar 351-399 take 12 units

If blood sugar is GREATER than 399 take 14 units and call your doctor.

- insulin ASPART (NovoLOG) injection** Dose: 100 Route: subcutaneous Frequency: 4 times daily before meals and nightly

Admin Instructions:

If blood sugar is 70 or LESS, take no insulin of any kind, drink orange juice or milk and call the doctor

If blood sugar 70-120 take 0 units

If blood sugar 121-150 take 2 units

If blood sugar 151-200 take 4 units

If blood sugar 201-250 take 6 units

If blood sugar 251-300 take 8 units

If blood sugar 301-350 take 10 units

If blood sugar 351-399 take 12 units

If blood sugar is GREATER than 399 take 14 units and call your doctor.

Miscellaneous Medications

- magnesium oxide (MAG-OX) tablet** Dose: 400 mg Route: oral Frequency: 3 times daily

Admin Instructions:

Do not crush for administration in patients with dohoff tube, due to risk of feeding tube occlusion

- ursodiol (ACTIGALL) tablet** Dose: 500 mg Route: oral Frequency: daily

- aspirin (ECOTRIN) enteric coated tablet** Dose: 81 mg Route: oral Frequency: daily

- aspirin tablet** Dose: 325 mg Route: oral Frequency: daily

- metoprolol tartrate (LOPRESSOR) tablet** Dose: 25 Route: oral Frequency: 2 times daily

Question(s):

BP & HR HOLD parameters for this order:

Contact Physician if:

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