

General

Discharge (Single Response)

Discharge patient Discharge at 12:00 AM
 Specific Destination:
 Is a readmission planned within 30 days?

Discontinue tubes/drains/telemetry

Discontinue Telemetry Routine, Once
 Discontinue Foley catheter Routine, Once
 Discharge home with Foley catheter Routine, Once
 Discontinue IV Routine, Once For 1 Occurrences
 Deaccess port
 Deaccess Port-a-cath Routine, Once
 heparin, porcine (PF) 100 unit/mL injection intra-catheter, once

Discharge Activity

Activity as tolerated Routine
 Ambulate with assistance or assistive device Routine
 Lifting restrictions Routine, No lifting over 10 pounds.
 Weight bearing restrictions (specify) Routine
 Weight Bearing Status:
 Extremity:

 Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine
 Complete pelvic rest (no tampons, douching, sex) Routine
 No driving for 2 weeks Routine
 Other restrictions (specify): Routine, ***

Discharge Activity

Activity as tolerated Routine
 Ambulate with assistance or assistive device Routine
 Lifting restrictions Routine, No lifting over 10 pounds.
 Weight bearing restrictions (specify) Routine
 Weight Bearing Status:
 Extremity:

 Moderate bedrest with complete pelvic rest (no tampons, douching, sex) Routine
 Complete pelvic rest (no tampons, douching, sex) Routine
 No driving for 2 weeks Routine
 Other restrictions (specify): 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 Routine
 Post-Operative discharge instructions provided by:

Wound/Incision Care

Discharge wound care Routine, ***
 Discharge incision care Routine, ***

Discharge dressing Routine, ***

Discharge Diet (Single Response)

Discharge Diet Routine
Discharge Diet:

Discharge Diet- Regular Routine
Discharge Diet: Regular

Discharge Diet (Single Response)

Discharge Diet Routine
Discharge Diet:

Discharge Diet- Regular Routine
Discharge Diet: Regular

Patient to notify physician

Call physician for: Routine, Temperature greater than 100.5

Call physician for: Persistent nausea or vomiting Routine

Call physician for: severe uncontrolled pain Routine

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

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

Call physician for: Routine, ***

Additional Patient Discharge Education

Nurse to provide discharge education Routine, Once
Patient/Family: Both
Education for: Other (specify)
Specify: Nurse to provide patient education

Discharge Instructions

Additional discharge instructions for Patient Routine, ***

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

Place Follow-Up Order

Follow-up with me Follow up with me:
Clinic Contact:
Follow up in:
On date:
Appointment Time:

Follow-up with primary care physician Routine

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with physician Follow up on:
Appointment Time:
Follow up in:
Instructions for Follow Up:

Follow-up with department Details

Place Follow-Up Order

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input type="checkbox"/> Follow-up with primary care physician	Routine
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with physician	Follow up on: Appointment Time: Follow up in: Instructions for Follow Up:
<input type="checkbox"/> Follow-up with department	Details