

**General Discharge**

**Discharge Order (Single Response)**

<input checked="" type="checkbox"/> Discharge to Home Self Care	Discharge - S at 11:00 AM, Discharge Home Specific Destination: Is a readmission planned within 30 days?
<input type="checkbox"/> Discharge to SNF	Discharge - S at 11:00 AM, Disch/Transf to Hospital-Based SNF Specific Destination: Is a readmission planned within 30 days?
<input type="checkbox"/> Discharge to:	Discharge - S at 11:00 AM Specific Destination: Is a readmission planned within 30 days?

**Discontinue Tubes/Drains/Telemetry**

<input checked="" type="checkbox"/> Discontinue Telemetry	Routine, Once
<input type="checkbox"/> Discontinue Foley catheter	Routine, Once
<input type="checkbox"/> Discharge home with Foley catheter	Routine, Once
<input type="checkbox"/> Discontinue IV	Routine, Once
<input type="checkbox"/> Discontinue central line	Routine, Once
<input type="checkbox"/> Discontinue pacer wires	Routine, Until discontinued, Starting S For Until specified
<input type="checkbox"/> Deaccess port	
<input type="checkbox"/> Deaccess Port-a-cath	Routine, Once
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once

**Discharge Activity/Weight**

<input checked="" type="checkbox"/> Discharge activity:	Routine, 1. Shower daily. 2. Avoid soaking in baths for the first three months after discharge. Do not use a hot tub or jacuzzi until your physician says it is safe. 3. Wear loose-fitting clothes that may be more comfortable. 4. It is normal to feel tired periodically throughout the day. Take naps as needed. 5. Walking is the best form of exercise. Walk at least four times a day, and pace your activities throughout the day. 6. You can climb stairs using handrail, but do not pull yourself with your arms. 7. Stop and rest if you are tired.
<input checked="" type="checkbox"/> Lifting restrictions:	Routine, Avoid lifting, pushing or pulling anything heavier than 10 pounds for six weeks after surgery.
<input checked="" type="checkbox"/> No driving	Routine, Wait four to six weeks following surgery to resume driving. You can ride as a passenger in the back seat at any time, wearing your seat belt. If riding in the front seat, deactivate the air bags and place a thick pillow in front of your chest with the seat belt in place. When traveling, be sure to get up and walk around for a few minutes every two hours.
<input checked="" type="checkbox"/> Daily weights:	Routine, Clinic Performed, Weigh yourself at the same time each morning. Use the same scale each day. Notify your physician if you gain 2 pounds or more per day over three days.
<input type="checkbox"/> Work restrictions:	Routine, Work: You can return to work in *** weeks.

**Discharge Wound/Incision Care**

<input checked="" type="checkbox"/> Discharge incision care:	<p>Routine, 1. Always wash your hands before touching or caring for your incision. Hand washing is the best way to prevent infection.</p> <p>2. Clean your incision daily with water and a mild, fragrance-free soap, preferably in the shower, if you are able. Do not submerge in water.</p> <p>3. Gently pat the incision area dry with a freshly laundered towel.</p> <p>4. Do not use powders, lotions, oil or vitamin E on the incision without asking your surgeon.</p> <p>5. Check your incision daily. Notify your physician if you notice any of the following:</p> <ul style="list-style-type: none"> <li>- Increased tenderness of the incision</li> <li>- Increased redness or swelling around the edges of the incision</li> <li>- Any drainage from the incision</li> </ul> <p>Surgical leg care:</p> <p>1. Avoid crossing your legs because this impairs circulation.</p> <p>2. Avoid sitting in one position or standing for prolonged periods of time.</p> <p>3. Elevate your leg while seated.</p>
<input type="checkbox"/> Discharge dressing	Routine, ***
<input type="checkbox"/> Discharge wound care	Routine, ***
<input type="checkbox"/> Discharge staples/sutures	Routine, Patient to follow up with surgeon for staple removal and incision inspection in *** weeks ***date.

#### Discharge Diet (Single Response)

<input type="checkbox"/> Discharge Diet	Routine Discharge Diet:
<input type="checkbox"/> Discharge Diet: Restricted Sodium/Low Fat	Routine Discharge Diet: Low fat,Restricted sodium
<input type="checkbox"/> Discharge Diet: Diabetic	Routine Discharge Diet: Diabetic

#### Patient to Notify Physician

<input checked="" type="checkbox"/> Call physician for:	<p>Routine, 1. Acute gout flare-up</p> <p>2. Temperature above 101°F, twice in 24 hours</p> <p>3. Extreme worsening fatigue</p> <p>4. Pain in calf that becomes worse when pointing toe up toward your head</p> <p>5. Persistent bleeding or oozing from incisions</p> <p>6. Sharp pain when taking a deep breath</p> <p>7. Skin rash</p> <p>8. Urinary tract infection (frequent urination, burning or urgency with urination, or blood in urine)</p> <p>9. Weight gain of 2 pounds or more per day over three days</p> <p>10. Worsening ankle swelling or leg pain</p> <p>11. Worsening shortness of breath</p> <p>12. Fast or irregular heart beat</p> <p>13. Feeling of depression, hopelessness or severe anxiety</p>
---	--

#### Discharge Education

<input type="checkbox"/> Patient education	<p>Routine, Once, Starting S For 1 Occurrences</p> <p>Patient/Family: Education for: Other (specify) Specify: Nurse to provide patient education</p>
<input type="checkbox"/> Tobacco cessation education	Routine, Once

## Discharge Instructions to Nursing - Will not show on AVS

<input checked="" type="checkbox"/> Nursing discharge instructions:	Routine, Once Notify nurse practitioner or physician assistant if any pacer wires or chest tubes sutures remain in place before discharge.
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***

## Discharge Labs

<input type="checkbox"/> Patient to have labs drawn on:	Routine, ***(date)
<input type="checkbox"/> Basic metabolic panel	Routine, Status: Future, Expires: S+365, Lab Collect
<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+365, Lab Collect
<input type="checkbox"/> Prothrombin time with INR	Routine, Status: Future, Expires: S+365, Lab Collect

## Cardiac Rehabilitation Phase II

<input checked="" type="checkbox"/> Cardiac Rehabilitation Phase II (Single Response)	Please unselect if patient does not meet requirements for Referral to Cardiac Rehab Phase II and select the order: "The patient will not be referred to cardiac rehab due to:" (a reason is required on this order).
<input checked="" type="checkbox"/> Referral to Cardiac Rehab Phase 2	Internal Referral I am referring my patient to Houston Methodist Cardiac Rehabilitation Program for: Initial, Phase II (36 Sessions) prescription for Cardiac Rehabilitation. Medical justification required: Patient's Phone Number: Cardiac Rehabilitation Phase II: is the early outpatient phase of cardiac rehabilitation and uses exercise training and lifestyle changes to optimize your physical, psychological and social functioning. Cardiac Rehab Benefits: <ol style="list-style-type: none"><li>1. Personalized and monitored exercise program proven to increase life expectancy by five years</li><li>2. Nutritional counseling</li><li>3. Medication review</li><li>4. Reduce fear, anxiety and stress</li><li>5. Improve your confidence, well being, stamina and strength so that you can return to your usual activities</li></ol>
<input type="checkbox"/> The patient will not be referred to cardiac rehab due to:	Routine, Hospital Performed The patient will not be referred to cardiac rehab due to:

## Place Follow-Up Order

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

## Medications for Discharge

**Did the patient have a CABG surgery? (REQUIRED) (Single Response)**  
**MEDICATIONS FOR CABG - QUALITY MEASURE**

<input type="checkbox"/> Yes	
<input type="checkbox"/> Aspirin (Single Response)	One must be selected:
<input type="checkbox"/> Aspirin has already been ordered for discharge	Routine, Hospital Performed
<input type="checkbox"/> Aspirin (Single Response)	
<input type="checkbox"/> aspirin (ECOTRIN) 81 MG enteric coated tablet	Normal
<input type="checkbox"/> aspirin 81 mg chewable tablet	Normal
<input type="checkbox"/> The patient is not being discharged on aspirin due to:	Routine, Hospital Performed, ***
<input type="checkbox"/> Beta Blocker (Single Response)	One must be selected:
<input type="checkbox"/> Beta blocker has already been ordered for discharge	Routine, Hospital Performed
<input type="checkbox"/> Beta Blockers (Single Response)	
<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) 25 mg tablet	Normal
<input type="checkbox"/> carvedilol (COREG) 3.125 MG tablet	Normal
<input type="checkbox"/> The patient is not being discharged on beta blocker due to:	Routine, Hospital Performed, ***
<input type="checkbox"/> Statin (Single Response)	One must be selected:
<input type="checkbox"/> Statin has already been ordered for discharge	Routine, Hospital Performed
<input type="checkbox"/> Statin (Single Response)	
<input type="checkbox"/> atorvastatin (LIPITOR) 40 MG tablet	Normal
<input type="checkbox"/> simvastatin (ZOCOR) 40 MG tablet	Normal
<input type="checkbox"/> The patient is not being discharged on statin due to:	Routine, Hospital Performed, ***

<input type="checkbox"/>	ACE/ARB Inhibitors	
<input type="checkbox"/>	enalapril (VASOTEC) 2.5 MG tablet	Normal
<input type="checkbox"/>	lisinopril (PRINIVIL,ZESTRIL) 2.5 mg tablet	Normal
<input type="checkbox"/>	ramipril (ALTACE) 1.25 MG capsule	Normal
<input type="checkbox"/>	losartan (COZAAR) 50 MG tablet	Normal
<input type="checkbox"/>	valsartan (DIOVAN) 80 MG tablet	Normal

<input type="checkbox"/>	No	
<input type="checkbox"/>	Patient did not have a CABG surgery	Routine, Clinic Performed

**Heart Failure Medications - Get with the Guidelines (NOT REQUIRED)**

URL: "\appfs.pdf"

<input type="checkbox"/>	ACEi/ARB for LVSD or EF below 40%	
<input type="checkbox"/>	enalapril (VASOTEC) 2.5 MG tablet	Normal
<input type="checkbox"/>	lisinopril (PRINIVIL,ZESTRIL) 2.5 mg tablet	Normal
<input type="checkbox"/>	ramipril (ALTACE) 1.25 MG capsule	Normal
<input type="checkbox"/>	losartan (COZAAR) 50 MG tablet	Normal
<input type="checkbox"/>	valsartan (DIOVAN) 80 MG tablet	Normal

<input type="checkbox"/>	ARNI for LVSD	
<input type="checkbox"/>	sacubitril-valsartan (ENTRESTO) 24-26 mg tablet per tablet	Normal

<input type="checkbox"/>	Aldosterone antagonist for LVSD	
<input type="checkbox"/>	spironolactone (ALDACTONE) 25 MG tablet	Normal
<input type="checkbox"/>	eplerenone (INSPIRA) 25 MG tablet	Normal

<input type="checkbox"/>	Anticoagulation for non-valvular atrial fibrillation or atrial flutter	
--------------------------	--	--

<input type="checkbox"/>	warfarin (COUMADIN) tablet (dose per INR)	
--------------------------	---	--

<input type="checkbox"/>	warfarin (COUMADIN) 1 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 2 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 3 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 5 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 6 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 7.5 MG tablet	Normal
<input type="checkbox"/>	warfarin (COUMADIN) 10 MG tablet	Normal

<input type="checkbox"/>	rivaroxaban (XARELTO) tablet (Single Response)	
<input type="checkbox"/>	rivaroxaban (XARELTO) 15 mg tablet - for GFR LESS than 30 mL/min	Normal
<input type="checkbox"/>	rivaroxaban (XARELTO) 20 mg tablet	Normal

<input type="checkbox"/>	apixaban (ELIQUIS) tablet (Single Response)	
<input type="checkbox"/>	apixaban (ELIQUIS) 2.5 mg tablet - Renal Dose	Normal
<input type="checkbox"/>	apixaban (ELIQUIS) 5 mg tablet	Normal

<input type="checkbox"/>	dabigatran (PRADAXA) capsule (Single Response)	
<input type="checkbox"/>	dabigatran etexilate (PRADAXA) 75 mg capsule - for GFR LESS than 30 mL/min	Normal
<input type="checkbox"/>	dabigatran etexilate (PRADAXA) 150 mg capsule	Normal

<input type="checkbox"/>	Evidence-Based Beta-blockers (Single Response)	
<input type="checkbox"/>	bisoprolol (ZEBETA) 5 MG tablet	Normal
<input type="checkbox"/>	carvedilol (COREG) 3.125 MG tablet	Normal
<input type="checkbox"/>	metoprolol succinate XL (TOPROL-XL) 25 mg 24 hr tablet	Normal
<input type="checkbox"/>	metoprolol tartrate (LOPRESSOR) 25 mg tablet	Normal

<input type="checkbox"/>	For black heart failure patients or patients with intolerance to ACEi/ARB	
<input type="checkbox"/>	isosorbide-hydralazine (BIDIL) 20-37.5 mg per tablet	Normal

<input type="checkbox"/>	Beta Blockers (Single Response)	
<input type="checkbox"/>	metoprolol tartrate (LOPRESSOR) 25 mg tablet	Normal
<input type="checkbox"/>	carvedilol (COREG) 3.125 MG tablet	Normal

<input type="checkbox"/>	Loop Diuretics	
--------------------------	----------------	--

<input type="checkbox"/>	furosemide (LASIX) 20 mg tablet	Normal
<input type="checkbox"/>	BUMETanide (BUMEX) 0.5 MG tablet	Normal
<input type="checkbox"/>	torsemide (DEMADEX) 20 MG tablet	Normal
<input type="checkbox"/>	Non-Loop Diuretics	
<input type="checkbox"/>	metOLazone (ZAROXOLYN) 2.5 MG tablet	Normal
<input type="checkbox"/>	Anticoagulant	
<input type="checkbox"/>	warfarin (COUMADIN) 1 MG tablet	Normal
<input type="checkbox"/>	Notify Physician for INR GREATER than 4	Routine, Clinic Performed
<input type="checkbox"/>	enoxaparin (LOVENOX) 30 mg/0.3 mL syringe	Normal
<input type="checkbox"/>	apixaban (ELIQUIS) (Single Response)	
<input type="checkbox"/>	apixaban (ELIQUIS) for VTE Treatment	
	All orders for apixaban (ELIQUIS) require a Pharmacy Consult. Do not remove the attached consult order.	
<input type="checkbox"/>	apixaban (ELIQUIS) 5 mg tablet	Normal
<input type="checkbox"/>	apixaban (ELIQUIS) for Atrial Fibrillation	
	All orders for apixaban (ELIQUIS) require a Pharmacy Consult. Do not remove the attached consult order.	
<input type="checkbox"/>	apixaban (ELIQUIS) 5 mg tablet	Normal
<input type="checkbox"/>	Antiarrhythmic (Single Response)	
<input type="checkbox"/>	amIODarone (PACERONE) 200 MG tablet	Normal
<input type="checkbox"/>	amIODarone (PACERONE) 400 MG tablet	Normal
<input type="checkbox"/>	Anti-Platelet (Single Response)	
<input type="checkbox"/>	clopidogrel (PLAVIX) 75 mg tablet	Normal
<input type="checkbox"/>	aspirin (ECOTRIN) 81 MG enteric coated tablet	Normal
<input type="checkbox"/>	prasugrel (EFFIENT) 5 mg tablet	Normal
<input type="checkbox"/>	ticagrelor (BRILINTA) 60 mg tablet	Normal
<input type="checkbox"/>	Diuretics (Single Response)	
<input type="checkbox"/>	furosemide (LASIX) 40 mg AND potassium chloride 20 mEq	
<input type="checkbox"/>	furosemide (LASIX) 40 mg tablet	Normal
<input type="checkbox"/>	potassium chloride (K-DUR) 20 MEQ CR tablet	Normal
<input type="checkbox"/>	furosemide (LASIX) 40 mg AND potassium chloride 40 mEq	
<input type="checkbox"/>	furosemide (LASIX) 40 mg tablet	Normal
<input type="checkbox"/>	potassium chloride (K-DUR) 20 MEQ CR tablet	Normal

**PRN Oral for Moderate Pain (Pain Score 4-6): For Patients LESS than 65 years old (Single Response)**  
(adjust dose for renal/liver function and age)

<input type="checkbox"/>	acetaminophen-codeine (TYLENOL #3) tablet OR oral solution	
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet	Print
<input type="checkbox"/>	acetaminophen-codeine 300 mg-30 mg /12.5 mL solution	Normal
<input type="checkbox"/>	HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir	
	Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)	
<input type="checkbox"/>	HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	No Print
<input type="checkbox"/>	HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution	No Print
<input type="checkbox"/>	HYDROcodone-acetaminophen 7.5/325 (NORCO) tablet OR elixir (Single Response)	

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

HYDROcodone-acetaminophen (NORCO) 7.5-325 mg per tablet No Print

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution No Print

HYDROcodone-acetaminophen 10/325 (NORCO) tablet OR elixir

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

HYDROcodone-acetaminophen (NORCO) 10-325 mg per tablet No Print

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution No Print

traMADol (ULTRAM) 50 mg tablet Normal

**PRN Oral Medications for Moderate Pain (Pain Score 4-6): For Patients GREATER than 65 years old (Single Response)**  
(adjust dose for renal/liver function and age)

acetaminophen-codeine (TYLENOL #3) tablet OR oral solution

Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources)

acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet Print

acetaminophen-codeine 300 mg-30 mg /12.5 mL solution Normal

HYDROcodone-acetaminophen 5/325 (NORCO) tablet OR elixir

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 No Print

HYDROcodone-acetaminophen (HYCET) 2.5-108.3 mg/5 mL solution No Print

traMADol (ULTRAM) 50 mg tablet Normal