

General

Discharge (Single Response)

Discharge patient Discharge at 12:00 AM
 Specific Destination:
 Is a readmission planned within 30 days?
 if (answer = Yes)
 Reason for readmission:
 if (answer = Other)
 Specify:

Other

Discontinue tubes/drains

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
 Other

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:

 No driving for: Routine, *** weeks
 Other restrictions (specify): Routine, ***
 Other

Wound/Incision Care

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

Discharge Diet (Single Response)

- | | |
|---|---|
| <input type="radio"/> Discharge Diet: Post Transplant | Routine
Discharge Diet: Post Transplant
if (answer = Other)
Specify: |
| <input type="radio"/> Discharge Diet | Routine
Discharge Diet:
if (answer = Other)
Specify: |
| <input type="checkbox"/> Other | |

Patient to notify physician

- | | |
|--|--------------|
| <input type="checkbox"/> Call physician for: | Routine, *** |
| <input type="checkbox"/> Other | |

Discharge Education

- | | |
|---|---|
| <input type="checkbox"/> Nurse to provide discharge education | Routine, Once
Patient/Family: Both
Education for: Other (specify)
if (answer = Other (specify))
Specify:
Specify: Nurse to provide patient education |
| <input type="checkbox"/> Other | |

Discharge Instructions

- | | |
|--|--|
| <input type="checkbox"/> Patient to wear mask when in crowds, public places, and doctor visits for next 3 months | Routine |
| <input type="checkbox"/> Discharge instructions for patient: | Routine, Instruct patient to have labs drawn on *** (date) |
| <input type="checkbox"/> Discharge instructions for patient | Routine, *** |
| <input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS | Routine, Once
*** |
| <input type="checkbox"/> Other | |

Place Follow-Up Order

- | | |
|--|--|
| <input type="checkbox"/> Follow-up with primary care physician | Routine |
| <input type="checkbox"/> Follow-up with physician | Instructions for Follow Up: Follow up in Transplant clinic per protocol in *** weeks |
| <input type="checkbox"/> Follow-up with surgeon | Instructions for Follow Up: Follow up with Surgeon for staple removal and incision inspection in *** weeks |
| <input type="checkbox"/> Follow-up with provider | Instructions for Follow Up: |
| <input type="checkbox"/> Follow-up with department | Details |
| <input type="checkbox"/> Other | |

Discharge Labs

- | | |
|--|--|
| <input type="checkbox"/> Basic metabolic panel | Routine, Status: Future, Expires: S+366, Lab Collect |
|--|--|

<input type="checkbox"/> CBC with platelet and differential	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/> Cyclosporine level, random	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/> FK506 Tacrolimus level, random	Routine, Status: Future, Expires: S+366, Lab Collect
<input type="checkbox"/> Other	