

Cardiac Catheterization PTA Intervention [3574]

General

Elective Outpatient, Observation, or Admission (Single Response)

<input type="checkbox"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, Scheduling/ADT
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: Scheduling/ADT
<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. Scheduling/ADT

Elective Outpatient, Observation, or Admission (Single Response)

<input type="checkbox"/> Elective outpatient procedure: Discharge following routine recovery	Routine, Continuous, PACU & Post-op
<input type="checkbox"/> Outpatient observation services under general supervision	Diagnosis: Admitting Physician: Patient Condition: Bed request comments: PACU & Post-op
<input type="checkbox"/> Outpatient in a bed - extended recovery	Diagnosis: Admitting Physician: Bed request comments: PACU & Post-op
<input type="checkbox"/> Admit to Inpatient	Diagnosis: Admitting Physician: Level of Care: Patient Condition: Bed request comments: Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights. PACU & Post-op

Nursing

Nursing

<input type="checkbox"/> Vital signs - T/P/R/BP - Per Unit Protocol	Routine, Per unit protocol, Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP	Routine, Every 15 min Every 15 mins x 4, then every 30 mins x 4, then every hour x 4, then every 4 hours., Post-op
<input type="checkbox"/> Vital signs - T/P/R/BP - If Closure Device	Routine, Every 15 min If Closure Device Used - Every 15 mins x 2, then every 30 mins until discharge., Post-op

<input checked="" type="checkbox"/> Peripheral vascular assessment	Routine, Once Observe for bleeding and hematoma and check radial and pedal pulses of extremity used for access per post catheterization routine., Post-op
<input type="checkbox"/> Telemetry	"And" Linked Panel
<input type="checkbox"/> Telemetry monitoring	Routine, Continuous Order: Place in Centralized Telemetry Monitor: EKG Monitoring Only (Telemetry Box) Reason for telemetry: Can be off of Telemetry for tests and baths? Yes Post-op
<input type="checkbox"/> Telemetry Additional Setup Information	Routine, Continuous High Heart Rate (BPM): 120 Low Heart Rate(BPM): 50 High PVC's (per minute): 10 High SBP(mmHg): 175 Low SBP(mmHg): 100 High DBP(mmHg): 95 Low DBP(mmHg): 40 Low Mean BP: 60 High Mean BP: 120 Low SPO2(%): 94 Post-op
<input type="checkbox"/> Maintain IV access	Routine, Until discontinued, Starting S, Post-op
<input type="checkbox"/> Discontinue IV	Routine, Once, Post-op
Activity	
<input type="checkbox"/> Strict bed rest	Routine, Until discontinued, Starting S Keep affected limb straight for *** hours., Post-op
<input type="checkbox"/> Ambulate	Routine, 3 times daily Specify: with assistance Ambulate patient after *** hours., Post-op
<input type="checkbox"/> Activity as tolerated - if closure device	Routine, Until discontinued, Starting S Specify: Activity as tolerated If Closure Device Used - post sheath removal- begin progressive activity to ambulation, Post-op
<input type="checkbox"/> Activity as tolerated - radial approach	Routine, Until discontinued, Starting S Specify: Radial approach: activity as tolerated after *** hours., Post-op
Sheath Removal	
<input type="checkbox"/> Assess operative site	Routine, Once Every 15 minutes x 4, every 30 minutes times 4, then every hour times 2, then every 4 hours, Post-op
<input type="checkbox"/> POC activated clotting time	Every hour Evaluate every hour until sheath removed., Post-op
<input type="checkbox"/> Remove sheath	Routine, Once Remove sheath(s) when ACT is less than 170., Post-op

Sheath Removal - TR Band

<input type="checkbox"/> Place/Maintain sequential compression device continuous - TR Radial Band	Routine, Continuous TR Radial Band post Instructions 1. 30 minutes after TR Band is applied deflate ***cc of air from cuff. If no bleeding occurs from the site deflate ***cc of air from the TR Band every 10 minutes until all ***cc of air has been removed. 2. 2 Hours after TR Band is applied deflate ***cc of air from cuff. If no bleeding occurs from the site deflate ***cc of air from the TR Band every 10 minutes until all ***cc of air has been removed. 3. If site is free of bleeding or hematoma after 10 minutes remove TR Band and apply sterile dressing to site. 4. If bleeding occurs when ***cc of air is removed re-inflate with 3cc of air. Wait 30 minutes then restart releasing ***cc of air every 10 minutes until all ***cc of air has been removed., Post-op
---------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Assess cath site	Routine, Once After TR Band removed evaluate access site for bleeding as follows: every 15 minutes x 4; every 30 minutes x 2 and every hour x 2., Post-op
-------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

<input type="checkbox"/> Activity - Limit arm movement	Routine, Until discontinued, Starting S Specify: Activity as tolerated Limit arm movement., Post-op
--------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

Sheath Removal - RadiStop

<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous RadiStop Compression Assist Device starting at ***, Post-op
<input type="checkbox"/> Place/Maintain sequential compression device continuous	Routine, Continuous Release radial band every 15 minutes x 4. Radial band to be removed by *** (time). If bleeding occurs; reapply radial band until bleeding stops, releasing band every 15 minutes x 4. Apply sterile dressing., Post-op

Notify

<input checked="" type="checkbox"/> Notify Physician if pulses absent or diminished.	Routine, Until discontinued, Starting S, Pulses absent or diminished., Post-op
<input checked="" type="checkbox"/> Notify Physician if chest pain unrelieved with nitroglycerin.	Routine, Until discontinued, Starting S, Chest pain unrelieved with nitroglycerin., Post-op
<input checked="" type="checkbox"/> Notify Physician if platelets less than 100,000	Routine, Until discontinued, Starting S, Platelets less than 100,000., Post-op
<input checked="" type="checkbox"/> Notify Physician prior to discharge.	Routine, Until discontinued, Starting S, Prior to discharge., Post-op

Pre-sheath(s) Removal Diet

<input type="checkbox"/> Diet -	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Until sheath(s) removed., Post-op
---------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Diet - Post-sheath(s) Removal (Single Response)

<input checked="" type="checkbox"/> Diet - Clear Liquids	Diet effective now, Starting S Diet(s): Clear Liquids Advance Diet as Tolerated? Yes Target Diet: Heart Healthy Advance target diet criteria: Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - Heart Healthy	Diet effective now, Starting S Diet(s): Heart Healthy Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op
<input type="checkbox"/> Diet - 1800 Kcal/202 gm Carbohydrate	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? Liquid Consistency: Fluid Restriction: Foods to Avoid: Post-op

Education

<input checked="" type="checkbox"/> Tobacco cessation education	Routine, Once, Post-op
<input checked="" type="checkbox"/> Patient education (specify)	Routine, Once Patient/Family: Patient Education for: Other (specify) Specify: Inform nurse of numbness/tingling in extremity, chest pain, Shortness Of Breath or any discomfort or bleeding at the site Post-op

IV Fluids

IV Fluids

<input type="checkbox"/> sodium chloride 0.9 % bolus	500 mL, intravenous, once, Post-op For systolic BP less than 100 and/or increase in heart rate of 20 BPM or decrease in SBP of 20 mmHG.
<input type="checkbox"/> sodium chloride 0.45 % infusion	1,000 mL, intravenous, at 150 mL/hr, continuous, Post-op
<input type="checkbox"/> sodium chloride 0.9 % infusion	1,000 mL, intravenous, at 150 mL/hr, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.45% sodium chloride infusion	intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op
<input type="checkbox"/> dextrose 5%-0.9% sodium chloride infusion	intravenous, at 150 mL/hr, for 10 Hours, continuous, Post-op

Medications

Analgesics - Mild Pain (Pain Score 1-3) (Single Response)

<input type="checkbox"/> acetaminophen (TYLENOL) tablet	650 mg, oral, every 4 hours PRN, mild pain (score 1-3), Post-op
---------------------------------------------------------	--------------------------------------------------------------------

Analgesics - Moderate Pain (Pain Score 4-6) (Single Response)

<input type="checkbox"/> acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication
<input type="checkbox"/> HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	1 tablet, oral, every 4 hours PRN, moderate pain (score 4-6), Post-op Give if patient is able to tolerate oral medication

Analgesics - Severe Pain (Pain Score 7-10) (Single Response)

<input type="checkbox"/> morphine 2 mg/mL injection	2 mg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, every 2 hour PRN, severe pain (score 7-10), Post-op Use if patient is unable to swallow or faster onset is needed

Beta-Blockers (Single Response)

<input type="checkbox"/> metoprolol tartrate (LOPRESSOR) tablet	25 mg, oral, 2 times daily at 0600, 1800, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> metoprolol succinate XL (TOPROL-XL) 24 hr tablet	25 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> carvedilol (COREG) tablet	3.125 mg, oral, 2 times daily at 0600, 1800, Post-op HOLD parameters for this order: Contact Physician if:

Nitrates

<input type="checkbox"/> nitroglycerin infusion	5-200 mcg/min, intravenous, continuous, Post-op
<input type="checkbox"/> isosorbide mononitrate (ISMO,MONOKET) tablet	20 mg, oral, 2 times daily at 0900, 1600, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> isosorbide mononitrate (IMDUR) 24 hr tablet	oral, daily, Post-op Post-Op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> nitroglycerin (NITRODUR) 24 hr patch	transdermal, daily, Post-op Post-Op
<input type="checkbox"/> nitroglycerin (NITROSTAT) 2% ointment	1 inch, Topical, every 6 hours scheduled, Post-op Post-Op, Apply to chest wall
<input type="checkbox"/> nitroglycerin (NITROSTAT) SL tablet	0.4 mg, sublingual, every 5 min PRN, chest pain, For 3 Doses, Post-op Post-Op. Call provider after third dose.

Antiplatelet Agents (Single Response)

<input type="checkbox"/> Loading Dose Followed By Maintenance (Single Response)	
<input type="checkbox"/> clopidogrel (PLAVIX) 300 mg Loading Dose followed by 75 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> clopidogrel (PLAVIX) Loading and Maintenance doses	"Followed by" Linked Panel
<input type="checkbox"/> Loading Dose - clopidogrel (PLAVIX) tablet	300 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> ticagrelor (BRILINTA) 180 mg Loading Dose followed by 90 mg Maintenance Dose and aspirin EC 81 mg tablet	
<input type="checkbox"/> ticagrelor (BRILINTA) Oral Loading and Maintenance Doses	"Followed by" Linked Panel
<input type="checkbox"/> Loading Dose - ticagrelor (BRILINTA) tablet	180 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/> Maintenance Dose - ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op Maintenance Dose
<input type="checkbox"/> aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/> prasugrel (EFFIENT) 60 mg Loading Dose followed by 10 mg Maintenance Dose and aspirin EC 81 mg tablet (Selection Required)	
<input type="checkbox"/> prasugrel (EFFIENT) Loading and Maintenance Doses	"Followed by" Linked Panel

Maintenance Dose Instructions:

Lower the dose to 5 mg for high risk patients (age GREATER than or EQUAL to 75 OR weight LESS than 60 kg)

<input type="checkbox"/>	Loading Dose - prasugrel (EFFIENT) tablet	60 mg, oral, once, For 1 Doses, Post-op Loading Dose
<input type="checkbox"/>	Maintenance Dose - prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting H+24 Hours, Post-op Maintenance Dose
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/>	** DO NOT REMOVE ** Pharmacy Consult to educate patient on prasugrel (EFFIENT) (Selection Required)	
<input type="checkbox"/>	Pharmacy Consult to educate patient on prasugrel (EFFIENT)	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
() Maintenance Doses Only (Single Response)		
() clopidogrel (PLAVIX) 75 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow		
<input type="checkbox"/>	clopidogrel (PLAVIX) tablet	75 mg, oral, daily, Starting S+1, Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() ticagrelor (BRILINTA) 90 mg Maintenance Dose and aspirin EC 81 mg tablet - Start 12 Hours from Now		
<input type="checkbox"/>	ticagrelor (BRILINTA) tablet	90 mg, oral, 2 times daily, Starting H+12 Hours, Post-op
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op
() prasugrel (EFFIENT) 10 mg Maintenance Dose and aspirin EC 81 mg tablet - Start Tomorrow		
<input type="checkbox"/>	prasugrel (EFFIENT) tablet + consult (Selection Required)	"And" Linked Panel
<input type="checkbox"/>	prasugrel (EFFIENT) tablet	10 mg, oral, daily, Starting S+1
<input type="checkbox"/>	prasugrel (EFFIENT) consult	STAT, Once For 1 Occurrences Which drug do you need help dosing? prasugrel (EFFIENT)
<input type="checkbox"/>	aspirin (ECOTRIN) enteric coated tablet	81 mg, oral, daily, Starting S+1, Post-op

Anti-Hyperlipidemic Agents (Single Response)

() Moderate Intensity - atorvastatin (LIPITOR) tablet or simvastatin (ZOCOR) tablet (Single Response)		
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet - Moderate Intensity	10 mg, oral, nightly, Post-op
<input type="checkbox"/>	simvastatin (ZOCOR) tablet - Moderate Intensity	20 mg, oral, nightly, Post-op
() High Intensity - atorvastatin (LIPITOR) tablet (Single Response)		
<input type="checkbox"/>	atorvastatin (LIPITOR) tablet - Moderate Intensity	40 mg, oral, nightly
<input type="checkbox"/>	ezetimibe (ZETIA) tablet	10 mg, oral, nightly, Post-op

GPIIb/IIIa Inhibitors

<input type="checkbox"/>	eptifibatide (INTEGRILIN) 0.75 mg/mL infusion	2 mcg/kg/min, intravenous, continuous, Post-op
<input type="checkbox"/>	abciximab (REOPRO) 9 mg in sodium chloride 0.9% 250 mL infusion	0.125 mcg/kg/min, intravenous, for 12 Hours, continuous, Post-op
<input type="checkbox"/>	bivalirudin (ANGIOMAX) 5 mg/mL in sodium chloride 0.9 % 50 mL infusion	1.75 mg/kg/hr, intravenous, continuous, Post-op

ACE/ARB Inhibitors

<input type="checkbox"/>	enalaprilat (VASOTEC) injection	0.625 mg, intravenous, every 6 hours, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	enalapril (VASOTEC) tablet	40 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/>	captopril (CAPOTEN) tablet	25 mg, oral, 3 times daily, Post-op HOLD parameters for this order: Contact Physician if:

<input type="checkbox"/> lisinopril (PRINIVIL,ZESTRIL) tablet	5 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> valsartan (DIOVAN) tablet	160 mg, oral, 2 times daily, Post-op HOLD parameters for this order: Contact Physician if:
<input type="checkbox"/> losartan (COZAAR) tablet	50 mg, oral, daily, Post-op HOLD parameters for this order: Contact Physician if:

Anti-Anginal

<input type="checkbox"/> ranolazine (RANEXA) 12 hr tablet	500 mg, oral, 2 times daily, Post-op
-----------------------------------------------------------	--------------------------------------

For Sheath(s) Pull Only - PRN

<input type="checkbox"/> atropine injection	0.5 mg, intravenous, once PRN, for heart rate LESS than 55 beats per minute., Post-op
<input type="checkbox"/> diazepam (VALIUM) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/> MIDAZolam (VERSED) injection	1 mg, intravenous, once PRN, sedation, Post-op Indication(s): Sedation
<input type="checkbox"/> fentaNYL (SUBLIMAZE) injection	25 mcg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op
<input type="checkbox"/> morPHINE injection	1 mg, intravenous, once PRN, severe pain (score 7-10), sheath pull, Post-op

Antiemetics

<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) IV or Oral (Selection Required)	"Or" Linked Panel
<input checked="" type="checkbox"/> ondansetron ODT (ZOFTRAN-ODT) disintegrating tablet	4 mg, oral, every 8 hours PRN, nausea, vomiting Give if patient is able to tolerate oral medication.
<input checked="" type="checkbox"/> ondansetron (ZOFTRAN) 4 mg/2 mL injection	4 mg, intravenous, every 8 hours PRN, nausea, vomiting Give if patient is UNable to tolerate oral medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) IV or Oral or Rectal	"Or" Linked Panel
<input type="checkbox"/> promethazine (PHENERGAN) 12.5 mg in sodium chloride 0.9 % 0.9 % 20 mL for Alaris pump syringe option	12.5 mg, intravenous, at 60 mL/hr, for 20 Minutes, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral or rectal medication OR if a faster onset of action is required.
<input type="checkbox"/> promethazine (PHENERGAN) tablet	12.5 mg, oral, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is able to tolerate oral medication.
<input type="checkbox"/> promethazine (PHENERGAN) suppository	12.5 mg, rectal, every 6 hours PRN, nausea, vomiting Give if ondansetron (ZOFTRAN) is ineffective and patient is UNable to tolerate oral medication.

Insomnia: For Patients LESS than 70 years old (Single Response)

<input type="checkbox"/> zolpidem (AMBIEN) tablet	5 mg, oral, nightly PRN, sleep, Post-op
<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op

Insomnia: For Patients GREATER than or EQUAL to 70 years old (Single Response)

<input type="checkbox"/> ramelteon (ROZEREM) tablet	8 mg, oral, nightly PRN, sleep, Post-op
-----------------------------------------------------	-----------------------------------------

Other Medications - PRN

<input type="checkbox"/> docusate sodium (COLACE) capsule	100 mg, oral, 2 times daily PRN, constipation, Post-op
<input type="checkbox"/> magnesium hydroxide suspension	30 mL, oral, 4 times daily PRN, indigestion, Post-op

VTE

Labs

Labs in 4 Hours

<input type="checkbox"/>	Basic metabolic panel	Once In 4 hr., Post-op
<input type="checkbox"/>	Prothrombin time with INR	Once In 4 hr., Post-op
<input type="checkbox"/>	CBC with differential	Once In 4 hr., Post-op

Labs Tomorrow

<input type="checkbox"/>	Basic metabolic panel	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/>	Prothrombin time with INR	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/>	CBC with differential	AM draw For 1 Occurrences, Post-op
<input type="checkbox"/>	Lipid panel	AM draw For 1 Occurrences, Post-op

Other Studies

Other Diagnostic Studies

<input type="checkbox"/>	ECG Pre/Post Op (PRN)	Routine, Conditional Frequency, Starting S For 6 Occurrences Clinical Indications: Interpreting Physician:
<input type="checkbox"/>	ECG Pre/Post Op (in AM)	Routine, Once Clinical Indications: Interpreting Physician: In AM, ordering cardiologist to interpret EKG, Post-op
<input type="checkbox"/>	ECG Pre/Post Op (STAT)	STAT, Once Clinical Indications: Post-Op Surgery Interpreting Physician: Ordering cardiologist to interpret EKG, Post-op
<input type="checkbox"/>	ECG 12 lead	Routine, Every 4 hours For 2 Occurrences Clinical Indications: Interpreting Physician: Post-op

Consults

PT to Eval and Treat Consult

<input type="checkbox"/>	Consult to PT eval and treat	Reasons for referral to Physical Therapy (mark all applicable): Are there any restrictions for positioning or mobility? Please provide safe ranges for HR, BP, O2 saturation(if values are very abnormal): Weight Bearing Status:
--------------------------	------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Additional Orders Discharge

Discharge Order (Single Response)

<input type="checkbox"/>	Discharge patient when criteria met	Routine, Once Discharge Criteria: Scheduling/ADT
--------------------------	-------------------------------------	--------------------------------------------------------

Discontinue tubes/drains

<input type="checkbox"/>	Discontinue Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	Discharge home with Foley catheter	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	Discontinue IV	Routine, Once For 1 Occurrences, Scheduling/ADT
<input type="checkbox"/>	Deaccess port	
<input type="checkbox"/>	Deaccess Port-a-cath	Routine, Once, Scheduling/ADT
<input type="checkbox"/>	heparin, porcine (PF) 100 unit/mL injection	intra-catheter, once, Scheduling/ADT

Discharge Activity - REQUIRED

<input type="checkbox"/>	Activity as tolerated	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Ambulate with assistance or assistive device	Routine, Normal, Scheduling/ADT
<input type="checkbox"/>	Lifting restrictions	Routine, Normal, Scheduling/ADT, No lifting over 10 pounds.

<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal, Scheduling/ADT Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> No driving for 2 days	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Shower instructions:	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge activity	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, Scheduling/ADT, ***

Wound/Incision Care

<input type="checkbox"/> Discharge wound care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge incision care	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge dressing	Routine, Normal, Scheduling/ADT, ***

Discharge Diet - REQUIRED (Single Response)

<input type="checkbox"/> Discharge Diet	Routine, Normal, Scheduling/ADT Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal, Scheduling/ADT Discharge Diet: Regular

Patient to notify physician

<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for: redness, tenderness, or signs of infection (pain, swelling, redness, odor or green/yellow discharge from affected area)	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal, Scheduling/ADT
<input type="checkbox"/> Call physician for:	Routine, Normal, Scheduling/ADT, ***

Discharge Education

<input type="checkbox"/> Nurse to provide discharge education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide patient education Scheduling/ADT
<input type="checkbox"/> Nurse to provide tobacco cessation education	Routine, Once Patient/Family: Both Education for: Other (specify) Specify: Nurse to provide tobacco cessation education Scheduling/ADT

Discharge Instructions

<input type="checkbox"/> Additional discharge instructions for Patient	Routine, Normal, Scheduling/ADT, ***
<input type="checkbox"/> Discharge instructions for Nursing- Will not show on AVS	Routine, Once ***, Scheduling/ADT

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, Normal, Scheduling/ADT

<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