

General

Hospital Problem Diagnoses

<input type="checkbox"/> Stroke, acute, thrombotic	Details
<input type="checkbox"/> Diabetes Type II	Details
<input type="checkbox"/> Hypercholesteremia	Details
<input type="checkbox"/> Smokes tobacco daily	Details
<input type="checkbox"/> A-fib	Details

Discharge (Single Response)

<input checked="" type="checkbox"/> Discharge patient	Discharge at 12:00 AM Specific Destination: Is a readmission planned within 30 days?
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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 checked="" type="checkbox"/> Discontinue IV	Routine, Once For 1 Occurrences
<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 (Selection Required)

<input checked="" type="checkbox"/> Activity as tolerated per Rehab recommendations	Routine, Normal, Follow rehab recommendations
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal
<input type="checkbox"/> Lifting restrictions	Routine, Normal, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal Weight Bearing Status: Extremity: ***
<input type="checkbox"/> Moderate bedrest with complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input checked="" type="checkbox"/> No driving for 4 weeks	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Discharge Activity

<input checked="" type="checkbox"/> Activity as tolerated per Rehab recommendations	Routine, Normal, Follow rehab recommendations
<input type="checkbox"/> Ambulate with assistance or assistive device	Routine, Normal
<input type="checkbox"/> Lifting restrictions	Routine, Normal, No lifting over 10 pounds.
<input type="checkbox"/> Weight bearing restrictions (specify)	Routine, Normal Weight Bearing Status: Extremity: ***
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<input type="checkbox"/> Complete pelvic rest (no tampons, douching, sex)	Routine, Normal
<input checked="" type="checkbox"/> No driving for 4 weeks	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

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.

<input type="checkbox"/> Discharge post operative patient instructions	Routine, Normal Post-Operative discharge instructions provided by:
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Wound/Incision Care

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

Discharge Diet (Single Response)

<input checked="" type="checkbox"/> Discharge Diet - Heart Healthy	Routine, Normal Discharge Diet: Heart Healthy
<input type="checkbox"/> Discharge Diet	Routine, Normal Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular

Discharge Diet (Single Response) (Selection Required)

<input checked="" type="checkbox"/> Discharge Diet - Heart Healthy	Routine, Normal Discharge Diet: Heart Healthy
<input type="checkbox"/> Discharge Diet	Routine, Normal Discharge Diet:
<input type="checkbox"/> Discharge Diet- Regular	Routine, Normal Discharge Diet: Regular

Patient to notify physician

<input checked="" type="checkbox"/> Call physician for:	Routine, Normal, Temperature greater than 100.5
<input type="checkbox"/> Call physician for: Persistent nausea or vomiting	Routine, Normal
<input type="checkbox"/> Call physician for: severe uncontrolled pain	Routine, Normal
<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
<input type="checkbox"/> Call physician for difficulty breathing, chest pain, persistent dizziness or light-headedness	Routine, Normal
<input type="checkbox"/> Call physician for:	Routine, Normal, ***

Additional Patient Discharge Education

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

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

CONFIRMED POSITIVE: COVID-19 Discharge Instructions

[] CONFIRMED POSITIVE: COVID 19 Discharge
instructions: Patients with Novel Coronavirus (COVID-19)

Routine, Normal, You've been diagnosed with a viral syndrome and have a virus referred to as SARSCoV-2, otherwise known as the Novel Coronavirus (COVID-19).

We have notified the local health department where you reside that you were confirmed to have COVID and hospitalized and now are being discharged from our facility. You will need to have a negative result before being released from home quarantine.

You will be contacted by your local health department after discharge for follow up.

In the meantime:

Please follow these precautions:

--- As advised by the Centers for Disease Control and Prevention (CDC), we recommend you stay in your home (quarantine) and minimize contact with others to avoid spreading an infection.

--- Separate yourself from other people and animals in your home as much as possible. Stay in a specific room and away from other people in your home. Use a separate bathroom if possible. Do not handle pets or other animals while sick.

--- Avoid sharing personal household items, such as dishes, glasses, eating utensils, towels or bedding. After using these items, they should be washed thoroughly with soap and water.

--- Clean all "high-touch" surfaces every day (e.g., counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables). Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe and follow the instructions on the label to ensure safe and effective use of the cleaning product.

--- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer containing at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

--- Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and immediately wash or clean your hands as outlined above.

--- If your symptoms worsen and you have trouble breathing, chest pain, are unable to eat or drink enough and/or have severe vomiting, diarrhea or weakness, you may need to return to the emergency department or contact your clinic provider for re-evaluation. When seeking care at a healthcare facility, put on a facemask before you enter the facility.

If you experience any of these symptoms,

- Severe shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Call 911 and notify the dispatch personnel that you have COVID-19. If you decide to go to the ER directly yourself, call them before you arrive and let them know you have COVID-19. Wear a facemask when you enter.

Only call your local health department and/or Employee Health after you've called 911 if you experience any emergency warning signs.

CONFIRMED POSITIVE: COVID-19 Extended VTE Prophylaxis (Single Response)

URL: "https://www.janssencarepathportal.com/express "

<input type="checkbox"/> apixaban (ELIQUIS) 2.5 mg tablet	Normal
<input type="checkbox"/> rivaroxaban (XARELTO) - Avoid use in CrCl LESS than 30 mL/min	Normal
<input type="checkbox"/> enoxaparin (LOVENOX) (Single Response)	
<input type="checkbox"/> Patient weight < 100 kg and CrCl GREATER than 30 mL/min	Normal
<input type="checkbox"/> Patient weight 100-139 kg and CrCl GREATER than 30 mL/min	Normal
<input type="checkbox"/> Patient weight 140 kg and above and CrCl GREATER than 30 mL/min	Normal
<input type="checkbox"/> CrCl LESS than 30 mL/min	Normal

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 checked="" type="checkbox"/> Follow-up with primary care physician in 1-2 weeks	Routine, Normal
<input checked="" type="checkbox"/> Follow-up with Neurologist in 4-6 weeks	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

Place Follow-Up Order (Selection Required)

<input type="checkbox"/> Follow-up with me	Follow up with me: Clinic Contact: Follow up in: On date: Appointment Time:
<input checked="" type="checkbox"/> Follow-up with primary care physician in 1-2 weeks	Routine, Normal
<input checked="" type="checkbox"/> Follow-up with Neurologist in 4-6 weeks	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

Core Measures - Anticoagulants (Single Response)

Order not needed from this section if anticoagulant already ordered in reconciliation.

Apixaban for Non-valvular Atrial Fibrillation (Single Response)

Reduced dosing is recommended for patients with any 2 of the following characteristics:

1. Age 80 years or greater
2. Body weight 60 kg or less
3. Serum Creatinine 1.5 mg/dL or greater

Normal dosing Normal

Reduced dosing Normal

Dabigatran for Non-valvular Atrial Fibrillation (Single Response)

Use reduced dosing in patients with CrCl of 15-30 mL/min OR patients with a CrCl of 30-50 mL/min with concomitant dronedarone or ketoconazole use.

Avoid use in patients with CrCl LESS THAN 15 mL/min, on dialysis, OR with CrCl LESS than 30 mL/min with concomitant use of any P-gp inhibitors (eg amiodarone, clarithromycin, dronedarone, ketoconazole, verapamil, and others) or P-gp inducers (eg. rifampin).

Normal dosing Normal

Reduced dosing Normal

Rivaroxaban for Non-valvular Atrial Fibrillation (Single Response)

Renal dose reduction recommended in patients with a CrCl LESS than 50mL/min

Normal dosing Normal

Reduced dosing Normal

enoxaparin (LOVENOX) (Single Response)

enoxaparin (LOVENOX) 60 mg/0.6 mL syringe Normal

enoxaparin (LOVENOX) 80 mg/0.8 mL syringe Normal

enoxaparin (LOVENOX) 100 mg/mL syringe Normal

enoxaparin (LOVENOX) 120 mg/0.8 mL syringe Normal

enoxaparin (LOVENOX) 150 mg/mL injection Normal

warfarin (COUMADIN) tablets 5 mg Normal, 0

Reason for not prescribing anticoagulation at discharge Routine, Once
Reason for not prescribing anticoagulation therapy at discharge:

Core Measures - Antiplatelets (Single Response)

Order not needed from this section if antiplatelet already ordered in reconciliation.

aspirin (ECOTRIN) enteric coated tablet Normal

aspirin-dipyridamole (AGGRENOL) 25-200 mg 12 hr capsule Normal

clopidogrel (PLAVIX) 75 MG tablet Normal, 30 tablet,

- | | |
|--|--|
| () Reason for not prescribing antiplatelet therapy at Discharge | Routine, Once
Reason for not prescribing antithrombotic therapy at discharge? |
|--|--|

Core Measures - Statins for Discharged Stroke Patients

Order not needed from this section if statin already ordered in reconciliation.

[] Patients 75 years or younger	
[] atorvastatin (LIPITOR) 40 mg tablet	Normal
[] rosuvastatin (CRESTOR) 20 mg tablet	Normal
[] Reason for not Prescribing Statin Medication at Discharge	Routine, Once Reason for not prescribing statin medication at discharge?
[] Patients > 75 years	
[] atorvastatin (LIPITOR) 10 mg tablet	Normal
[] atorvastatin (LIPITOR) 20 mg tablet	Normal
[] fluvastatin XL (LESCOL XL) 80 mg 24 hr tablet	Normal
[] fluvastatin (LESCOL) 80 mg capsules	Normal
[] lovastatin (ALTOPREV) 40 mg 24 hr tablet	Normal
[] lovastatin (ALTOPREV) 60 mg 24 hr tablet	Normal
[] lovastatin (MEVACOR) 40 mg tablet	Normal
[] pitavastatin calcium (LIVALO) 2 mg tablet	Normal
[] pitavastatin calcium (LIVALO) 4 mg tablet	Normal
[] pravastatin (PRAVACHOL) 40 mg tablet	Normal
[] pravastatin (PRAVACHOL) 80 mg tablet	Normal
[] rosuvastatin (CRESTOR) 5 mg tablet	Normal
[] rosuvastatin (CRESTOR) 10 mg tablet	Normal
[] Reason for not Prescribing Statin Medication at Discharge	Routine, Once Reason for not prescribing statin medication at discharge?