

General

Discharge Order (Single Response)

<input checked="" type="checkbox"/> Discharge patient	Discharge at 12:00 AM Disposition: Specific Destination: Is a readmission planned within 30 days?
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Discontinue tubes/drains/telemetry

<input 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	Routine, Normal
<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 type="checkbox"/> No driving for 2 weeks	Routine, Normal
<input type="checkbox"/> Shower instructions:	Routine, Normal, ***
<input type="checkbox"/> Discharge activity	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Discharge Activity

<input type="checkbox"/> Activity as tolerated	Routine, Normal
<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 type="checkbox"/> No driving for 2 weeks	Routine, Normal
<input type="checkbox"/> Shower instructions:	Routine, Normal, ***
<input type="checkbox"/> Discharge activity	Routine, Normal
<input type="checkbox"/> Other restrictions (specify):	Routine, Normal, ***

Discharge Post Operative Patient Instructions (Selection Required)

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 checked="" 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) (Selection Required)**

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

**Discharge Diet (Single Response)**

<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 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 ***

**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).

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.\*\***

Visit the CDC for more information.  
[CDC.GOV/CORNAVIRUS/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

**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 type="checkbox"/> Follow-up with primary care physician	Routine, Normal
<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

**Place Follow-Up Order**

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<input type="checkbox"/> Follow-up with primary care physician	Routine, Normal
<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