



# Discharge Process

Lea Monday MD, PharmD

Chief Resident: Quality + Safety

# Discharge Process

- Definitions for common DC terms
- How to write a simple DC prescription
- Diabetic and insulin prescriptions
- DME prescriptions
- New Hemodialysis
- IV Outpatient Antibiotics
- Homeless OR uninsured
- Home Oxygen
- Placement (Nursing home or SAR or Other) Transportation:
- Using the “Depart”:
  - Diagnosis
  - Med reconciliation
  - Follow up appointments
- Discharge order.
- Discharge summaries.



# Some definitions for clarity

- Inpatient Rehab (IPR)
  - Inpatient rehabilitation facility such as RIM (rehab institute of Michigan)
  - Pt must be able to do 2-3 hours of rehab per day to qualify.
  - (ie: hemiparesis after a stroke who can do hours of exercises, or a relatively healthy person after a car accident / trauma.
- Sub-acute Rehab (SAR) also called “Skilled nursing facility” (SNF)
  - Not as intense as IPR, usually patient will get physical therapy for 30-60 min, 2-3 x week
  - Bridge between “Home” and “Hospital”, stay is usually <8 weeks
  - Ex) Little old lady with a pneumonia who has lost strength and is not quite strong enough to go home on her own but will probably be back to baseline in a few weeks
- Nursing home (NH)
  - Permanent living place for elderly debilitated or disabled person
- LTAC (Long Term Acute Care)
  - Long term care for critically ill patient who will likely never get better but is surviving
  - Ex) Pt post cardiac arrest with ROSC after 35 minutes of down time and so far no functional recovery on ventilator via trach and fed via PEG tube feeding in LTAC.

# Some definitions for clarity

- **DME (Durable Medical Equipment)**
  - Any medical equipment or device which is not medication
  - Glucometer, nebulizer, CPAP, wheelchairs, walkers, hospital bed
- **Social work (SW) or (MSW)**
  - **Social work for places:**
    - Help patients/families with social needs: insurance enrollment, drug rehab facility list, list of homeless shelters
    - Shelter list, NH placement, SAR placement
    - Some have masters degree (MSW)
- **Case Management (CMS)**
  - **Case Mgmt for things**
    - DME (durable medical equipment), IV abx, home O2, home health care aid, home physical therapy, Prior authorizations

# Preparing for discharge

- Start planning from time of H and P)
  - How did they get here
  - How will they leave (complicates transport)
  - Are they insured (complicates DC meds)
  - Is there any line, tube, or device anywhere on the patient (oxygen, PICC line, CVC)

# D/C Issues: Prescriptions

- **Prescriptions:**
  - Any new meds? Does the patient need insurance approval?
  - Any uninsured patient will required enrollment in MI medicaid
  - Anything requiring a “prior authorization” will require help from Case Mgmt.
- **Timeline Ex:**
  - Patient with DOE and leg swelling, CT shows acute PE
    - Pt is stable, seen in ED on Heparin drip IV
    - You know the patient needs to go home on an oral anticoagulant
    - Order discharge prescription for Apixiban (to see if covered or not)
    - Consult Case Manger, WRITE “Insurance coverage vs prior auth of Apixiban”
- **Note about Medicaid** (Eligibility generally based on income)
  - Most MI Medicaid plans have \$0 Copay for formulary medications
  - Caveat: formularies are extremely limited and anything not “Tier 1” will require a prior authorization
  - Ex: molina covers Metformin and sulfonureas for oral DM medications, but not a single other pill option without a prior authorization.

# 3 Ways to Write a Discharge Prescription

- 1) The “Depart” discharge Med Rec menu
- 2) Through the Med Rec discharge tab
- 3) Through power orders

Patient Chart Links Notifications Options Current Add Help

Patient List Scheduling Ambulatory Organizer Tracking Shell Patient Access List Quality Measures Device Management Sepsis List Signout

VIS Lippincott Advisor MIDAS New Sticky Note View Sticky Notes Tear Off Exit Calculator AdHoc **Depart** Patient Education + Add

TEST, TEST

Age: Sex: Weight:  
DOB: Attending:  
Status:OUTPT-0.00 Days

No XDocs

Ordering a DC prescription through the Depart (depart has to be completed on all patients anyway, so this is usually how many of us do it) **Slide 1 of 3**

PowerOrders

+ Add | Document Medication by Hx | Reconciliation | Check In

Orders Medication List Document In Plan

View

- Orders for Signature
  - Plans
    - Document In Plan
    - Suggested Plans (0)
  - Orders
    - ☐ ADT/Condition/Code Status
    - ☐ Activity
    - ☐ Nutrition Services
    - ☐ Vitals/Patient Care
    - ☒ **Medications**
    - ☐ IV Infusions
    - ☐ Laboratory Services
    - ☐ Radiology Services
    - ☐ Consults
    - ☐ Pulmonary Services
    - ☐ Cardiology/Cardiovascular Services
    - ☐ Therapy Services
    - ☐ Communication
    - ☐ Miscellaneous
- Diagnoses & Problems
- Related Results

Display: All Active

	Order Name	Status	Details
Medications			
	atorvastatin (atorvastatin 40 mg oral tablet)	Documente d	40 mg, = 1 Tab, By Mouth, Daily, # 30 Tab, 0 Refill
	furosemide (Lasix 40 mg oral tablet)	Documente d	40 mg, = 1 Tab, By Mouth, Daily, # 90 Tab, 0 Refill
	insulin gLARGine, LONG-acting (Lantus 100 uni...	Documente d	20 Units, Subcutaneous, QHS, # 10 mL, 0 Refill(s)
	lisinopril (lisinopril 10 mg oral tablet)	Documente d	10 mg, = 1 Tab, By Mouth, BID, # 30 Tab, 0 Refill(s)
	metFORMIN (metFORMIN 500 mg oral tablet)	Documente d	500 mg, = 1 Tab, By Mouth, BID, # 60 Tab, 0 Refill

Details

Displayed: All Active Orders

Dx Table Orders For Cosignature



**Diagnosis**

☒ 434.91 CEREBRAL ARTERY OC

☒ 414.00 CORONARY ATHEROSC

☒ 799.3 DEBILITY, UNSPECIFIED

☒ 250.00 Diabetes mellitus without

☒ 401.9 UNSPECIFIED ESSENTIA

☒ 244.9 UNSPECIFIED HYPOTHYI

**Medication Reconciliation**

**Orders**

**Follow Up**

☒ NICHOLAS SZERLIP In 1 week

☒ NARSINGH GUPTA Within 5 to

☒ Please call 313-745-4275 to folk

**Medication Leaflets**

**Patient Education**

[more...](#)

**Interdisciplinary D/C Plan**

**Additional Needs**

**NURSE to Sign and Print**

# DMC Harper U

DMC Patient D

**Patient Portal Registration: No, Not Intere**

Click on Medication Reconciliation Pad

PTN  
FIN:  
DOE  
**Allergies:** NO KNOWN Allergies; NO KNOWN Medication Allergies  
**Unit:** Not Found  
**Unit Phone:** Not Found  
**Attending Physician:** GUPTA MD, NARSINGH D  
**Consulting Physician:** PAPALEKAS MD, PANO L  
**Primary Care Doctor:** GUPTA MD, NARSINGH D

**Admission Date:** 6/30/2014 2:37 PM  
**Discharge Date:** 7/4/2014 19:42:30  
**Discharge Diagnosis(s):** CEREBRAL ARTERY OC  
CORONARY ATHEROSCLEROSIS OF UNSPECIFIED  
UNSPECIFIED; Diabetes mellitus without mention o  
uncontrolled; UNSPECIFIED ESSENTIAL HYPERTEN

**Follow-up Appoi**

ABRAHAM, ERMA has been given the following list of

Order Reconciliation: Discharge - TEST, TEST

TEST, TEST

Allergies: Allergies Not Recorded

Age:

DOB:

No XDocs

Sex:

Attending:

Status: OUTPT-0.00 Days

Weight:

Loc:

Fin#:

DRG-GMLOS:

+ Add | Manage Plans | Rx Plans (0): Error

Reconciliation Status

✓ Meds History | Admission | Discharge

Show Formulary...



Orders Prior to Reconciliation

Orders After Reconciliation

Order Name/Details	Status				Order Name/Details	Status
<b>Home Medications</b>						
atorvastatin (atorvastatin 40 mg oral tablet) 40 mg, 1 Tab, By Mouth, Daily, 30 Tab, 0 Refill(s)	Documented					
furosemide (Lasix 40 mg oral tablet) 40 mg, 1 Tab, By Mouth, Daily, 90 Tab, 0 Refill(s)	Documented					
insulin gLARGine, LONG-acting (Lantus 100 units/mL subcutaneous solution) 20 Units, Subcutaneous, QHS, 10 mL, 0 Refill(s)	Documented					
lisinopril (lisinopril 10 mg oral tablet) 10 mg, 1 Tab, By Mouth, BID, 30 Tab, 0 Refill(s)	Documented					
metFORMIN (metFORMIN 500 mg oral tablet) 500 mg, 1 Tab, By Mouth, BID, 60 Tab, 0 Refill(s)	Documented					

Ordering a DC prescription through the Depart: Click the Prescription bottle and an outpatient prescription will be generated. Give whatever amount your attending/senior suggested (ie some people give 7 days, some 30 days). You can choose what pharmacy to send it to.

Details

0 Missing Required Details

5 Unreconciled Order(s)

Dx Table

Reconcile And Sign

Cancel

Continue Remaining Orders

# 3 Ways to Write a Discharge Prescription

- 1) ~~The “Depart” discharge Med Rec menu~~
- 2) Through the Med Rec discharge tab
- 3) Through power orders

Home | InBox | Patient List | Scheduling | Ambulatory Organizer | Tracking Shell | Patient Access List | Quality Measures | Device Management | Sep

MEDLINE | VIS | Lippincott Advisor | MIDAS | New Sticky Note | View Sticky Notes | Tear Off | Exit | Calculator | AdHoc | Depart

WOOD, TAREN | TEST, TEST

TEST, TEST | Allergies: Allergies Not Recorded | Age: | Sex: | DOB: | Attending: | Status: OUTPT-0.00 Days | No XDocs

Menu - All

- Summary View
- Womens Health Workflow
- Preoperative Communication
- Chart Search
- BAR Nursing Communication
- Results Review
- PowerOrders**
- Document Viewing
- IO & I-View Flowsheets
- MAR
- MAR Summary
- Medication List
- Clin Doc
- Immunization Schedule
- t. Info
- Patient Schedule
- Allergies
- Problems and Diagnoses
- Histories
- Outside Records

PowerOrders

+ Add | Document Medication by Hx | Reconciliation | Check Interactions | External Rx History | Rx Plans (0): Error

Orders | Medication List | Document In Plan

View

Orders for Signature

- Plans
  - Document In Plan
  - Suggested Plans (0)
- Orders
  - ☐ ADT/Condition/Code Status
  - ☐ Activity
  - ☐ Nutrition Services
  - ☐ Vitals/Patient Care
  - ☒ Medications
  - ☐ IV Infusions
  - ☐ Laboratory Services
  - ☐ Radiology Services
  - ☐ Consults
  - ☐ Pulmonary Services
  - ☐ Cardiology/Cardiovascular Services
  - ☐ Therapy Services
  - ☐ Communication
  - ☐ Miscellaneous

Diagnoses & Problems

Related Results

Display: All Active Orders

	Order Name	Status	Detail
Medications			
	atorvastatin (atorvastatin 40 mg oral tablet)	Documente 40 mg d	
	furosemide (Lasix 40 mg oral tablet)	Documente 40 mg d	
	insulin gLARGine, LONG-acting (Lantus 100 uni...	Documente 20 Un d	
	lisinopril (lisinopril 10 mg oral tablet)	Documente 10 mg d	

Details

Displayed: All Active Orders

Dx Table | Orders For Cosignature

You can also enter the same "med Rec" screen though the "reconciliation tab"

Order Reconciliation: Discharge - TEST, TEST

TEST, TEST

Allergies: Allergies Not Recorded

Age:

DOB:

No XDocs

Sex:

Attending:

Status: OUTPT-0.00 Days

Weight:

Loc:

Fin#:

DRG-GMLOS:

+ Add | Manage Plans | Rx Plans (0): Error

Reconciliation Status

✓ Meds History | Admission | Discharge

Show Formulary...



Orders Prior to Reconciliation

Orders After Reconciliation

	Order Name/Details	Status					Order Name/Details	Status
4	<b>Home Medications</b>							
	atorvastatin (atorvastatin 40 mg oral tablet) 40 mg, 1 Tab, By Mouth, Daily, 30 Tab, 0 Refill(s)	Documented						
	furosemide (Lasix 40 mg oral tablet) 40 mg, 1 Tab, By Mouth, Daily, 90 Tab, 0 Refill(s)	Documented						
	insulin gLARGine, LONG-acting (Lantus 100 units/mL subcutaneous solution) 20 Units, Subcutaneous, QHS, 10 mL, 0 Refill(s)	Documented						
	lisinopril (lisinopril 10 mg oral tablet) 10 mg, 1 Tab, By Mouth, BID, 30 Tab, 0 Refill(s)	Documented						
	metFORMIN (metFORMIN 500 mg oral tablet) 500 mg, 1 Tab, By Mouth, BID, 60 Tab, 0 Refill(s)	Documented						

Again, this is the same screen you found in the depart. Click the Prescription bottle and an outpatient prescription.

Continue Remaining Home Meds

Do Not Continue Remaining Orders

Details

0 Missing Required Details

5 Unreconciled Order(s)

Dx Table

Reconcile And Sign

Cancel

# 3 Ways to Write a Discharge Prescription

- 1) ~~The “Depart” discharge Med Rec menu~~
- 2) ~~Through the Med Rec discharge tab~~
- 3) Through power orders

Powerorders > Add > change the menu on the Right to select “discharge Meds as Rx”

The screenshot displays the PowerOrders software interface within a Citrix Desktop environment. The main window is titled 'TEST, TEST - Add Order' and shows patient information: TEST, TEST, Age: DOB: Sex: Attending: Status: OUTPT-0.00 Days. The interface is divided into several sections:

- Left Sidebar:** Contains a 'Menu - All' list with options like Summary View, Womens Health Workflow, Perioperative Communication, Chart Search, SBAR Nursing Communication, Results Review, PowerOrders (highlighted with a red arrow and number 1), Document Viewing, I/O & I-View Flowsheets, MAR, MAR Summary, Medication List (highlighted with a red arrow and number 2), Clin Doc, Immunization Schedule, Pt. Info, Patient Schedule, Allergies, Problems and Diagnoses, and Histories.
- Top Section:** Displays patient details and a 'Diagnoses & Problems' section with 'Add', 'Convert', and 'Display' buttons.
- Right Section:** Features a search bar, a list of folders (Personal Plans, My Favorite Plans, CAP, Constipation, COPD, GI Bleed, iStroke CVA, MICU, Sickle Cell, Stool, TLS Labs), and a list of orders (Covering Physician, Incentive Spirometry, Initiate Tube Feeding, Magnesium-Laboratory, etc.). A red arrow and number 3 point to the 'Discharge Meds as Rx' option in the search results.

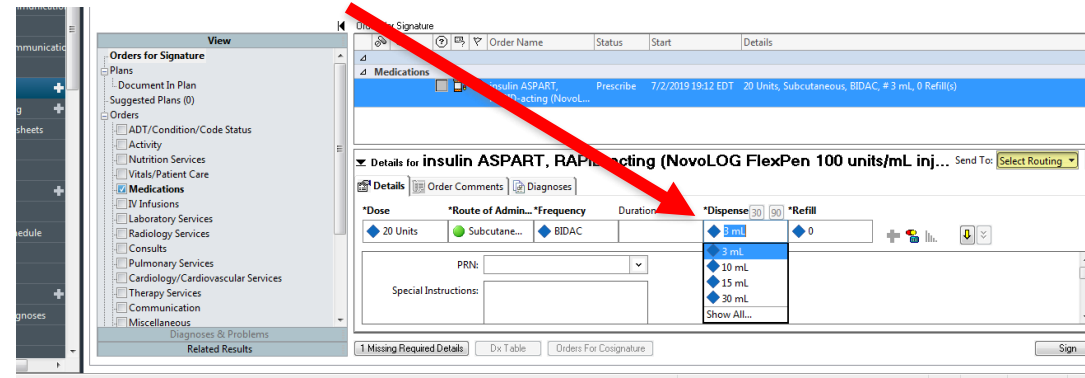
At the bottom, there are buttons for 'Displayed: All Active Orders', 'Dx Table', and 'Orders For Cosignature'. The status bar at the bottom right shows 'P0028 LMOND2 July 02, 2019 17:22 I'.

# D/C Issues: Diabetics

- Insulin:
  - Insulin pens Vs Vials (ask patient which one they need)
  - If new to insulin, order pens
  - Pen = 3 mL @100 units/ml = 300 units
  - Vials = 10 mL @100 units/ml = 1000 units
  - Ex: Novolog 12 units SubQ TIDAC = 36 units/day = 1080 units /month
  - would need 2 Vials OR 4 Pens for a 30 day supply



- DME (See Next slide)
  - Glucometer
  - Test strips
  - Lancets
  - Alcohol pads



- Teaching on insulin
  - Nurse will teach the patient how to inject the insulin
  - Endocrinology clinic also offers weekly diabetes education classes (patient can call 313-966-2492)



# D/C Issues: DME

- DME (durable medical equipment)
  - Can be written in power orders
- Give the paper to case manager or leave for him/her in the chart

## Powerorders

- > Add
- > change the menu on the Right to select “discharge Meds as Rx”
- > Type “DME”

The screenshot displays the PowerOrders application window. At the top, a yellow header bar contains patient information: "TEST, TEST", "Allergies: Allergies Not Recorded", "Age: DOB:", "Sex: Attending:", "Weight:", "Status: OUTPT-0.00 Days", "Loc: Fin#:", and "DRG-GMLOS:". Below this, the "Diagnoses & Problems" section is visible, with a search bar containing "dme". A red arrow points from the instruction "Type 'DME'" to the search bar. To the right of the search bar, a dropdown menu is open, showing "Discharge Meds as Rx" selected. Below the search bar, a list of search results is displayed, including "DME (Durable Medical Equipment)" and various medication orders. On the left side of the interface, a sidebar shows a list of "Orders" with checkboxes for different categories: "ADT/Condition/Code Status", "Activity", "Nutrition Services", "Vitals/Patient Care", "Medications" (checked), "IV Infusions", "Laboratory Services", "Radiology Services", "Consults", "Pulmonary Services", "Cardiology/Cardiovascular", "Therapy Services", "Communication", and "Miscellaneous". At the bottom of the window, a status bar shows "TEST, TEST - S-842261164" and a "Done" button.

When you are finished, select rounding to the printer on the unit and put in the patient chart for the case manager.

The screenshot shows a medical software interface with a sidebar on the left containing a tree view of categories like 'Plans', 'Orders', and 'Diagnoses & Problems'. The 'Medications' category is selected. The main area displays 'Orders for Signature' with a table listing orders. One order is highlighted: 'Durable Medical Equipment (Glucometer)' with status 'Prescribe' and start date '7/2/2019 19:45 EDT'. Below the table, the 'Details for Durable Medical Equipment (Glucometer)' section is visible. It includes a 'Send To:' dropdown menu set to 'Select Routing'. A red arrow points from the instruction box to this dropdown. Below the dropdown, there are fields for 'Requested Start Date/Time', '\*Fretext Orderable:' (containing 'Glucometer'), and '\*Diagnosis/Reason for DME and Special Instructions:' (containing 'Use to').

Type in what you want in the orderable "GLUCOMETER"

Then below include

- 1)DIAGNOSIS: Type II DM (ICD 10: E11.9)
- 2)Instructions: Use to test your sugar three times every day, after each meal and record your post-prandial blood glucose

You can use the DME free text box to order any DME  
In this example I ordered a rolling walker with seat

The screenshot displays a medical orders system interface. On the left, a sidebar titled 'View' contains a tree menu with categories like 'Orders for Signature', 'Plans', 'Orders', and 'Diagnoses & Problems'. The 'Medications' option is selected. The main area shows a table of orders with columns for Order Name, Status, Start, and Details. A single order is listed: 'Durable Medical Equipment (Rolling W...)' with status 'Prescribe' and start date '7/2/2019 19:52 EDT'. Below the table, the 'Details for Durable Medical Equipment (Rolling Walker with Seat)' section is expanded. It includes tabs for 'Details', 'Order Comments', and 'Diagnoses'. The 'Details' tab shows a 'Requested Start Date/Time' of '07/02/2019 19:52 EDT'. Below this, there are two text input fields: '\*Fretext Orderable:' with the value 'Rolling Walker with Seat' and '\*Diagnosis/Reason for DME and Special Instructions:' with the value 'Use as Instructed'. At the bottom, there are buttons for '1 Missing Required Details', 'Dx Table', 'Orders For Cosignature', and a 'Sign' button.

Always remember to write the diagnosis and ICD 10 and directions  
No diagnosis and ICD10 code = Not going to be paid for

# D/C Issues: Home Health Care

- In some cases a Physical Therapist, Occupational Therapist, or CM will recommend home health care
  - Home PT/OT
  - Home health aid (comes 1-2x week to help bathe or assist patient)
  - Home medication Mgmt (comes 1-2 x week to help teach medications)
  - Home PICC Nurse (for IV Antibiotics and Lab monitoring) \*\*\*
- **Order Home Health Care through “powerorders”**
  - **“Home Care Outpatient Services Prescription”**
  - **Caveat**: Even though it is for discharge, this is one thing that you keep the right sided menu as **“inpatient”**. (see next slide)

## Powerorders

→ Add

→ “Home Care Outpatient Services Prescription”

BUT... Keep this as inpatient. Which is completely counter intuitive

TEST, TEST - S-842261164 Opened by MONDAY MD-Resident, LEA

Task Edit View Patient Chart Links Notifications Options Current Add Help

Home Inbox Patient List Scheduling Ambulatory

MEDLINE VIS Lippincott Advisor MIDAS

WOOD, TAREN TEST, TEST

TEST, TEST Allergies: Allergies Not Recorded

Menu - All

- Summary View
- Womens Health Workflow
- Perioperative Communication
- Chart Search
- SBAR Nursing Communication
- Results Review
- PowerOrders**
- Document Viewing
- I/O & I-View Flowsheets
- MAR
- MAR Summary
- Medication List
- Clin Doc
- Immunization Schedule
- Pt. Info
- Patient Schedule
- Allergies
- Problems and Diagnoses
- Histories
- Outside Records

PowerOrders

- Document In Plan
- Suggested Plans (0)
- Orders
- ADT/Condition/Code Status
- Activity
- Nutrition Services
- Vitals/Patient Care
- ☒ Medications
- IV Infusions
- Laboratory Services
- Radiology Services
- Consults
- Pulmonary Services
- Cardiology/Cardiovascular
- Therapy Services
- Communication
- Miscellaneous
- Order Sets

Diagnoses & Problems

Diagnosis (Problem) being Addressed this Visit

+ Add Convert Display: All

ICD-10

Annotated Display Code

Problems

+ Add Convert No Chronic Problems

Display: All

ICD-10

Annotated Display Name of Problem

Search: home

Advanced Options Type: Inpatient

Search within: All

Home Care/Outpatient Services Prescription

Home Evaluation (OT)

Home Health Care Referral - AMB

Home Oxygen DME

Home Oxygen Evaluation.

Home Visit Level 1 Est

Home Visit Level 1 New

Home Visit Level 2 Est

Home Visit Level 2 New

Home Visit Level 3 Est

Home Visit Level 3 New

Home Visit Level 4 Est

Home Visit Level 4 New

Home Visit Level 5 New

DME Home Oxygen

CBC w/ Diff.

Constant Observer

Routine, One to One Observation, psychosis, sitter

Consult to APN/CWOCN One Time Only

Covering Physician Routine, Dr. Monday (7219)

Covering Physician

Routine, DR. MONDAY (MICU Resident), 7219

Covering Physician

Routine, 0997 until 1pm today (1/7/19)

EKG-Request for

Now, Tachycardia, Unit Personnel to Perform

Note: For Pediatric Patients indicate Height a...

Incentive Spirometry. Q10MIN

Initiate Tube Feeding One Time Only

Magnesium-Laboratory

Routine, Nurse Collect, 1, One Time Only, 1, Day(s), ...

Collect 1 Green Gel tube (preferred)

Oxygen Therapy.

Routine, CONTINUOUS, Nasal Cannula, Adult, 28, T...

Oxygen Therapy.

Routine, CONTINUOUS, Treat-Prevent Hypoxemia

Phosphorus

Routine, Nurse Collect, 1, One Time Only, Blood

Collect 1 Green Gel tube (preferred)

TEST, TEST - S-842261164

Displayed: All Active Orders

Diagnoses & Problems

Related Results

DX Table Orders For Cosignature

Once inside the “Home Care Outpatient Services Prescription”

You can select what you want  
(skilled RN, PT/OT, wound care, etc)

To select more than one, hold down “control” key and click

The screenshot shows a software interface for creating a Home Care Outpatient Services Prescription. On the left is a sidebar with a 'View' tab and a list of service categories including Plan, Status, Location/Code Status, Services, Home Care, and others. The main area is titled 'Details for Home Care Outpatient Services Prescription'. It features a table with columns for Order Name, Status, Start, and Details. Below the table, there are fields for '\*Requested Start Date/Time:', '\*Services:', and '\*Care and Treatments:'. A dropdown menu is open from the '\*Services:' field, listing various services: Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Work, Home Health Aid, Dietician, Wound, Telehealth, Hospice, Phlebotomy, and IV Therapy. Two red arrows point to the dropdown menu and the '\*Care and Treatments:' field. At the bottom left, there is a button labeled '3 Missing Required Details'.

Write again in the next lines what you want. Can add details like,  
“PT/OT for fall reduction therapy and core strengthening”,  
Wound care to change kerlex daily on lower leg chronic venous stasis ulcers bilaterally.

Lastly, You have to state why the patient is homebound to get medicaid/medicare to pay for home based services

Select a reason or if none fit select “Other”

Add as much information and clinical supportive findings to the “supportive clinical findings” box

Communication

Home Care/Outpatient Order Service Description 7/2/2019 20:33 EDT 07/02/2019 20:33 EDT, Dietician | Medical Social Work | IV Therapy | Skill Certification Statement: I certify that the patient is under my care and

Details for Home Care

Details Order Comments

Care and Treatments Line 3:

Care and Treatments Line 4:

\*Homebound Reason:   
Needs Assistance for all activities  
Residual Weakness  
Requires assistance to ambulate  
Confusion unable to go out of home alone  
Unable to safely leave home unassisted  
Severe SOB, SOB upon exertion  
Dependent upon adaptive device(s)  
Medical Restrictions  
Other (specify)

\*Face to Face Date: \*\*/\*\*/\*\*\*\*

Supportive Clinical Findings:

2 Missing Required Details Dx Table Orders For Cosignature

IE: homebound due to morbid obesity with BMI>50, unable to ambulate more than 5 feet without significant Dyspnea and needing care of chronic weeping venous stasis ulcers



# New dialysis patients

- First 3 sessions are inpatient
- Outpatient HD requires acceptance at a center
  - Debra Stallworth is HD social worker
  - Set up outpatient HD unit/schedule:
  - Nephrology team usually sets this up.
  - Include info in the depart summary.
- May required vascular surgery appt after DC
  - Vein mapping for fistula or graft placement

# IV Antibiotics

- Prolonged IV Abx are sometimes needed
  - Osteomyelitis / diskitis, minimum 6-8 weeks Tx
  - Sometimes no oral options d/t resistance, etc
- 1) Consult Case Manager and tell them IV Abx will be needed
- 2) ID Consult service tells you these details:
  - Drug, Dose, Frequency, Start Date, Stop Date (total duration)
  - Lab Monitoring (Ex: CBC, BUN/Cr, and ESR weekly x 6 weeks)
  - Name of ID fellow or attending following outpatient
  - Tolan Park ID Clinic Fax (313-745-5192) and phone (313-966-7601)
- 2) You write an actual discharge prescription as above
- 3) You write a Home care outpatient services prescription
- 4) Order PICC line placement: (indication home IV Antibiotics)

Powerorders → Outpatient prescriptions →

Pick whatever intravenous solution, you can change the details in the order, as each order is customized per ID recommendations no matter what. Do not worry about the volume or diluent. That is up to the compounding pharmacy.

The screenshot displays the PowerOrders software interface. At the top, a yellow banner shows "Status: OUTPT-0.00 Days" and "DRG-GMLOS:". Below this, the "Diagnoses & Problems" section is visible on the left, with a search bar containing "Vancomycin". A list of search results is shown on the right, including "vancomycin 1 g intravenous injection" and various dosages and durations. The interface also includes a sidebar with navigation options like "Orders", "Medication List", and "Document Medical".

TEST, TEST - S-842261164

PowerOrder

Diagnoses & Problems

Diagnosis (Problem) being Addressed this Visit

+ Add Convert Display: All

ICD-10

Annotated Display Code

Problems

+ Add Convert No Chro

Display: All

ICD-10

Annotated Display Name of Problem

Order Sentences

Order sentences for: vancomycin (vancomycin 1 g intravenous injection)

(None)

1 gm, IV INFUSION, Q12, X 10 Day(s), # 20 Each

1 gm, IV INFUSION, Q12, X 14 Day(s), # 28 Each

1 gm, IV INFUSION, Q12, X 1 Day(s), # 42 Each

1 gm, IV INFUSION, Q12, X 7 Day(s), # 14 Each

Reset OK Cancel

Displayed: All Active Orders

Dx Table Orders For Cosignature

P0028 L

Again, Pick any option as you will have to customize the order no matter what

vancomycin Prescribe 7/27/2019 20:59 EDT 1.5 gm, IV INFUSION, Q8, X 27 Day(s), 0 Refill(s)  
(vancomycin 1 g intra...)

**Details for vancomycin (vancomycin 1 g intravenous injection)** Send To: Select Routing

Details Order Comments Diagnoses

*Dose	*Route of Admin...	*Frequency	Duration	Dispense	*Refill
1.5 gm	IV INFUSION	Q8	27 Day(s)	121.5 gm	0

121.5 gm (Press ENTER to select)

PRN:

Special Instructions:

Requested Refill Date:  EDT

2 Missing Required Details Dx Table Orders For Cosignature Sign

P0028 LMOND2 Julv 02. 2019 21

In Details tab: Customize the order:

Ex: Vancomycin **1500mg Q8H** x 27 total days, you will have calculate the amount to dispense

$$1.5\text{gm} \times 3 \text{ per day} \times 27 \text{ days} = "121.5 \text{ GM}"$$

Or

$$3 \text{ bag per day} \times 27 \text{ days} = "81 \text{ doses}" \text{ OR } "81 \text{ bags}"$$

Medications

vancomycin (vancomycin 1 g intra... Prescribe 7/2/2019 20:59 EDT 1.5 gm, IV INFUSION, Q8, infused over 60 minu # 121.5 gm, 0 Refill(s)

Details for **vancomycin (vancomycin 1 g intravenous injection)**

Details Order Comments Diagnoses

Order comments ⓘ Not transmitted electronically to pharmacies as part of prescription details.

IV Vancocyn 1.5 gm Q8H IV via PICC line x 27 days

ID Fellow/Attending Following: Dr. Monday / Dr.Jinx  
ID clinic Phone Number XXXXXXXX  
ID Clinic Fax Number XXXXX

Labs: CBC and BUN Cr and ESR weekly for 6 weeks

Start Date 7/2/19, stop date 7/29/19

Lastly, In “order comments” tab,  
Write every single thing the and parameter the ID specialists said in the  
recommendations including monitoring, attending/fellow name, Clinic  
phone and fax, and start and stop date. **Then print and give to CM**

# Homeless OR uninsured

- Uninsured:
  - SW needs to be consulted: insurance enrollment
  - Keep in mind, these patients may work 3 jobs just none offering insurance
- Homeless:
  - Get Shelter list from Social worker
  - May have insurance (just no stable housing)
  - Can be placed in SAR/IPR if medically needed, but cannot be placed permanently in NH just to have a place to stay

# Home oxygen

- Think about this early and let CMS know
- Order the home O2 eval the day before or the day of discharge
  - Many insurance (Medicare) will not accept Rx if home O2 eval was >24 hrs before discharge
- Need to put DME order for oxygen including delivery method (nasal canula), rate (2L or 2L at rest and 4L with exercise) and be sure to include if an oxygen conserver is needed. Print and put in chart.
- Patient can't leave until O2 canisters are at bedside or if ambulance is transporting patient.



# SAR or NH or Other Placement

- Timeline:
  - Consult PT/OT: they will state SAR vs IPR vs other
  - Consult SW: reason “Requires SAR Placement”
  - SW will talk to pt/family, give them list of eligible facilities in the requested area with available beds
  - Family/patient picks a top 3 preference list
  - SW requests a bed at facility and awaits insurance to authorize (they have up to 72H)

Ex: anyone brought to ED by family as a “social Admission” because they can’t care for them... consult PT/OT and SW right away, you know they’ll need placement

# SAR or NH or Other Placement

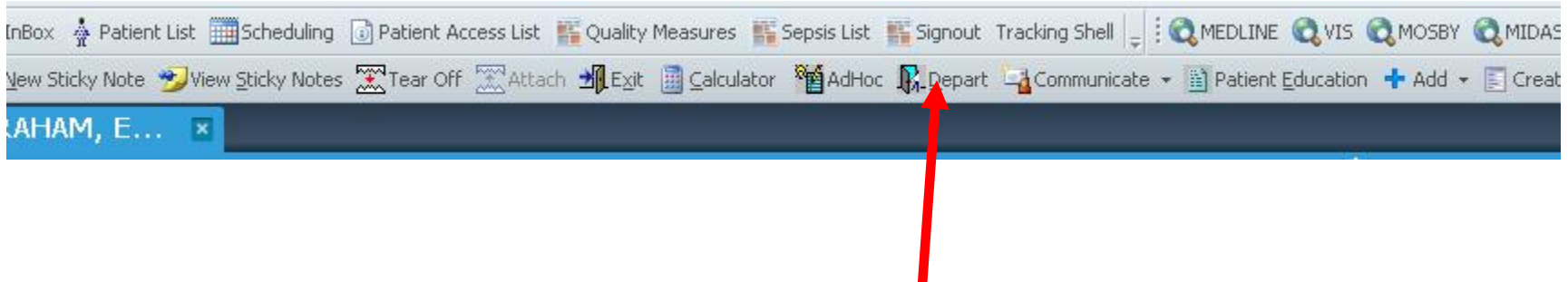
- DC summary
  - not required until 24H after discharge, but if you can, try to send one with the patient so the facility knows what you did
- As SW if you need to write DC scripts
  - Some NH/SAR give their own medications
  - Others request paper prescriptions
- Fill out paper ambulance form
  - On the nursing units, RN will call for ambulance transport to the SAR/NH

# Transportation

- Family member contacted for a ride.
- Taxi vouchers or Bus pass
  - Ask case manger
- Ambulance
  - always use to NH/SAR or other facility
  - Paper ambulance form on unit
  - Nurse will call for the ride

# Actual Discharge Process

## Depart Must Be Filled Out



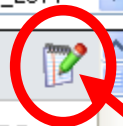
This is printed and given to the patient

**Patient cannot leave until this is completed**

Can be started before the day of discharge

For example, the diagnosis is known by day 1-2 and the needed appointments are often known before in days leading up to the discharge

<input checked="" type="radio"/>	Diagnosis	
<input checked="" type="checkbox"/>	434.91 CEREBRAL ARTERY OC	
<input checked="" type="checkbox"/>	414.00 CORONARY ATHEROSC	
<input checked="" type="checkbox"/>	799.3 DEBILITY, UNSPECIFIED	
<input checked="" type="checkbox"/>	250.00 Diabetes mellitus without	
<input checked="" type="checkbox"/>	401.9 UNSPECIFIED ESSENTIA	
<input checked="" type="checkbox"/>	244.9 UNSPECIFIED HYPOTHYI	
<input type="radio"/>	Medication Reconciliation	
<input type="radio"/>	Orders	
<input type="radio"/>	Follow Up	
<input checked="" type="checkbox"/>	NICHOLAS SZERLIP In 1 week	
<input checked="" type="checkbox"/>	NARSINGH GUPTA Within 5 to	
<input checked="" type="checkbox"/>	Please call 313-745-4275 to folk	
<input type="radio"/>	Medication Leaflets	
<input type="radio"/>	Patient Education	
	<a href="#">more...</a>	
<input type="radio"/>	Interdisciplinary D/C Plan	
<input type="radio"/>	Additional Needs	
	NURSE to Sign and Print	



**DMC Harper U**  
DMC Patient D

Entering diagnosis (only need 1)

**Patie**  
**PTII**  
**FIN:**  
**DOE**  
**Allergies:** NO KNOWN Allergies; NO KNOWN Medication Allergies  
**Unit:** Not Found  
**Unit Phone:** Not Found  
**Attending Physician:** GUPTA MD, NARSINGH D  
**Consulting Physician:** PAPALEKAS MD, PANO L  
**Primary Care Doctor:** GUPTA MD, NARSINGH D

**Admission Date:** 6/30/2014 2:37 PM  
**Discharge Date:** 7/4/2014 19:42:30  
**Discharge Diagnosis(s):** CEREBRAL ARTERY OC  
CORONARY ATHEROSCLEROSIS OF UNSPECIFIED  
UNSPECIFIED; Diabetes mellitus without mention o  
uncontrolled; UNSPECIFIED ESSENTIAL HYPERTEN

**Follow-up Appoi**

ABRAHAM, ERMA has been given the following list

## Discharge

Mark all as Reviewed

Diagnosis (Problem) being Addressed this Visit



Add



Modify



Convert

Display: All



	Clinical Dx	Date	Dx Type ^	0	Code
i	DEBILITY, UNSPECIFIED	07/02/2014	Admitting		799.3
i	ABNORMALITY OF GAIT	07/02/2014	Admitting		781.2
i	CEREBRAL ARTERY OCCLUSION, UNSPECIFIED, WITH CEREBRAL INFARCTION	06/30/2014	Admitting		434.91
i	CEREBRAL ARTERY OCCLUSION, UNSPECIFIED, WITH CEREBRAL INFARCTION	07/03/2014	Discharge		434.91
i	CORONARY ATHEROSCLEROSIS OF UNSPECIFIED TYPE OF VESSEL, NATIVE OR GRAFT	07/03/2014	Discharge		414.00
i	DEBILITY, UNSPECIFIED	07/03/2014	Discharge		799.3
i	UNSPECIFIED ESSENTIAL HYPERTENSION	07/03/2014	Discharge		401.9
i	Diabetes mellitus without mention of complication, type II or unspecified type, not stated as uncontrolled	07/03/2014	Discharge		250.00

Problems



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# Diagnosis (Problem) being Addressed this Visit

Clinical Dx	Date	Dx Type ^
DEBILITY, UNSPECIFIED	07/02/2014	Admitting
ABNORMALITY OF GAIT	07/02/2014	Admitting
CEREBRAL ARTERY OCCLUSION, UNSPECIFIED, WITH CEREBRAL INFARCTION	06/30/2014	Admitting
CEREBRAL ARTERY OCCLUSION, UNSPECIFIED, WITH CEREBRAL INFARCTION	07/03/2014	Discharge

## \*Diagnosis

stroke

Display As

## \*Type

Discharge

## \*Confirmation

Confirmed

[Show Additional Details](#)

Up Home Favorites Folders Print

Diagnoses

## Diagnosis Search

\*Search:

stroke

Contains

Search by Name

Search

Terminology:

<All terminologies>

Terminology Axis:

<All terminologies>



View Synonym



Concept Family



Multi Axial



Cross Mapping

Term ^	Code	Terminology
Ac isch multifocal ant circ stroke	802826	IMO
Acute embolic stroke	1051604	IMO
Acute ischemic left ACA stroke	800925	IMO
Acute ischemic left ICA stroke	800926	IMO
Acute ischemic left MCA stroke	800927	IMO
Acute ischemic left PCA stroke	800928	IMO
Acute ischemic multifocal anterior circulation stroke	800929	IMO
Acute ischemic multifocal posterior circulation stroke	800931	IMO
Acute ischemic right ACA stroke	800932	IMO



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Physician Group

	Diagnosis	
<input checked="" type="checkbox"/>	434.91 CEREBRAL ARTERY OC	
<input checked="" type="checkbox"/>	414.00 CORONARY ATHEROSC	
<input checked="" type="checkbox"/>	799.3 DEBILITY, UNSPECIFIED	
<input checked="" type="checkbox"/>	250.00 Diabetes mellitus without	
<input checked="" type="checkbox"/>	401.9 UNSPECIFIED ESSENTIA	
<input checked="" type="checkbox"/>	244.9 UNSPECIFIED HYPOTHYI	
	Medication Reconciliation	
	Orders	
	Follow Up	
<input checked="" type="checkbox"/>	NICHOLAS SZERLIP In 1 week	
<input checked="" type="checkbox"/>	NARSINGH GUPTA Within 5 to	
<input checked="" type="checkbox"/>	Please call 313-745-4275 to folk	
	Medication Leaflets	
	Patient Education	
	<a href="#">more...</a>	
	Interdisciplinary D/C Plan	
	Additional Needs	
	NURSE to Sign and Print	

# DMC Harper U

DMC Patient D

**Patient Portal Registration:** No, Not Intere

Patie  
PTII

Med Rec: to write any DC prescriptions and form final home medication list

Unit Phone: Not Found

Attending Physician: GUPTA MD, NARSINGH D

Consulting Physician: PAPALEKAS MD, PANO L

Primary Care Doctor: GUPTA MD, NARSINGH D

Admission Date: 6/30/2014 2:37 PM

Discharge Date: 7/4/2014 19:42:30

Discharge Diagnosis(s): CEREBRAL ARTERY OC  
CORONARY ATHEROSCLEROSIS OF UNSPECIFIED  
UNSPECIFIED; Diabetes mellitus without mention o  
uncontrolled; UNSPECIFIED ESSENTIAL HYPERTEN

**Follow-up Appoi**

ABRAHAM, ERMA has been given the following list

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Green arrow: continue this med, but I am not writing a prescription for it. Ex) pt already has it at home

Red Square: STOP taking. Use for drugs used only in hospital or prior home meds you want the patient to stop taking:  
NOTE: any active orders in any outpatient pharmacy will still be active unless you call to cancel the prescription

Orders Prior to Reconciliation				Orders After Reconciliation			
Order Name/Details	Status			Order Name/Details	Status		
<b>Home Medications</b>							
<b>aspirin (Ecotrin 325 mg oral delayed release tablet)</b> 325 mg, 1 Tab, By Mouth, Daily, 30 Tab	Prescribed						
<b>atenolol (atenolol 50 mg oral tablet)</b> 50 mg, 1 Tab, By Mouth, Daily	Documented						
<b>atorvastatin (atorvastatin 20 mg oral tablet)</b> 20 mg, 1 Tab, By Mouth, QHS, 30 Tab	Prescribed						
<b>clonidine (clonidine 0.3 mg oral tablet)</b> 0.3 mg, 1 Tab, Daily	Documented						
<b>metFORMIN (metFORMIN 500 mg oral tablet)</b> mg, Tab, By Mouth, Daily	Documented						
<b>mirtazapine (mirtazapine 15 mg oral tablet)</b> mg, Tab, By Mouth, QHS	Documented						
				<b>nitroGLYCERIN (nitroGLYCERIN 0.4 mg sublingual tablet)</b> 0.4 mg, 1 Tab, Sublingual, Q5MIN, 100 Tab, PRN: As needed for Chest Pain < Notes for Patient >	Prescribed		
<b>Continued Home Medications</b>							
<b>acetaminophen (Tylenol)</b> 500 mg, 1 Tab, By Mouth, Q4, PRN: Pain	Ordered			<b>acetaminophen (acetaminophen 500 mg oral tablet)</b> 500 mg, 1 Tab, By Mouth, Q4H, 180 Tab, PRN: for Pain < Notes for Patient >	Prescribed		
				<b>clopidogrel (Plavix 75 mg oral tablet)</b> 75 mg, 1 Tab, By Mouth, Daily, 30 Tab < Notes for Patient >	Prescribed		
<b>clopidogrel (Plavix)</b> 75 mg, 1 Tab, By Mouth, Daily	Ordered						
<b>hydrALAZINE (hydrALAZINE 50 mg oral tablet)</b> 50 mg, 1 Tab, By Mouth, BID	Documented						
<b>hydrALAZINE</b> 50 mg, 1 Tab, By Mouth, TID	Ordered			<b>hydrALAZINE (hydrALAZINE 50 mg oral tablet)</b> 50 mg, 1 Tab, By Mouth, BID, 60 Tab < Notes for Patient >	Prescribed		
<b>levothyroxine (levothyroxine 50 mcg (0.05 mg) oral capsule)</b> 50 mcg, 1 Cap, By Mouth, Daily	Documented						
<b>levothyroxine</b> 50 mcg, 1 Tab, By Mouth, Daily	Ordered			<b>levothyroxine (levothyroxine 50 mcg (0.05 mg) oral tablet)</b> 50 mcg, 1 Tab, By Mouth, Daily, 30 Tab < Notes for Patient >	Prescribed		
<b>lisinopril</b> 40 mg, 2 Tab, By Mouth, Daily	Ordered			<b>lisinopril (lisinopril 20 mg oral tablet)</b> 20 mg, 1 Tab, By Mouth, Daily, 30 Tab < Notes for Patient >	Prescribed		
<b>losartan (losartan 100 mg oral tablet)</b>							

Pill Bottle: writing an actual DC prescription. Can and should be done before discharge if you know for sure they will leave on this

▼ Details for **aspirin (Ecotrin 325 mg oral delayed release tablet)**

Send To: Brother HL-2280DW Printer (from DELL-PC) in session 9

*Dose	*Route of Administration	*Frequency	Duration	*Dispense	*Refill
1 Tab	By Mouth	Daily		30 Tab	11
<div> <div> See Instructions  1 Tab  2 Tab </div> <div> 14 1946  Stop Date/Time: <small>not past present</small>  DAW: <input type="radio"/> Yes <input checked="" type="radio"/> No  Note to Pharmacy: </div> <div> Special Instructions:  Select Prescriber Address:  Samples: </div> <div> Indication For Use:  Type Of Therapy: <input type="radio"/> Acute <input checked="" type="radio"/> Maintenance  Drug Form: Tab Enteric Coated </div> </div>					

0 Missing Required Details    15 Unreconciled Order(s)    Dx Table    Reconcile And Sign    Cancel

Clicking on any DC prescription on the right allows you to edit the amount, the pharmacy sent to, etc

# Follow up appointments

- University Physician Group appointments
  - 313-745-4525
  - Operator will ask for name of doctor OR specially
  - Will ask for patient address, phone, insurance, and other information which is all on the “face sheet”
- Ideally should to see PCP within 7-14 days
  - If no PCP, can come to our clinic
- Include the info in the Depart Summary.
- Medical students can help

	Diagnosis	
<input checked="" type="checkbox"/>	434.91 CEREBRAL ARTERY OC	
<input checked="" type="checkbox"/>	414.00 CORONARY ATHEROSC	
<input checked="" type="checkbox"/>	799.3 DEBILITY, UNSPECIFIED	
<input checked="" type="checkbox"/>	250.00 Diabetes mellitus without	
<input checked="" type="checkbox"/>	401.9 UNSPECIFIED ESSENTIA	
<input checked="" type="checkbox"/>	244.9 UNSPECIFIED HYPOTHYI	
	Medication Reconciliation	
	Orders	
	Follow Up	
<input checked="" type="checkbox"/>	NICHOLAS SZERLIP In 1 week	
<input checked="" type="checkbox"/>	NARSINGH GUPTA Within 5 to	
<input checked="" type="checkbox"/>	Please call 313-745-4275 to folk	
	Medication Leaflets	
	Patient Education	
	<a href="#">more...</a>	
	Interdisciplinary D/C Plan	
	Additional Needs	
	NURSE to Sign and Print	

# DMC Harper U

DMC Patient D

**Patient Portal Registration: No, Not Intere**

**Patie**

**PTII**

**FIN:**

**DOE**

**Allergies:** NO KNOWN Allergies; NO KNOWN Medication Allergies

**Unit:** Not Found

**Unit Phone:** Not Found

**Attending Physician:** GUPTA MD, NARSINGH D

**Consulting Physician:** PAPALEKAS MD, PANO L

**Primary Care Doctor:** GUPTA MD, NARSINGH D

**Admission Date:** 6/30/2014 2:37 PM

**Discharge Date:** 7/4/2014 19:42:30

**Discharge Diagnosis(s):** CEREBRAL ARTERY OC  
CORONARY ATHEROSCLEROSIS OF UNSPECIFIED  
UNSPECIFIED; Diabetes mellitus without mention o  
uncontrolled; UNSPECIFIED ESSENTIAL HYPERTEN

**Follow-up Appoi**

ABRAHAM, ERMA has been given the following list

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Status:INPT-4.22 Days    Anticipated DC:    DRG-LOS:066-3.10

Instructions    Follow Up

Who

- ☒ Provider Search
- ☐ Organization/Clinic Search
- ☐ Free-text Follow Up
- ☐ Favorites

Provider:  

- Quick Picks:
- ☐ Follow up with primary care provider
  - ☐ Follow-Up with your doctor
  - ☐ Inter-Agency Facility Transfer
  - ☐ Mental health appointment

When

Within:  ☐ Only if Needed    On:    
In:    Clear    At:

Where

Follow up Address	
Address	Phone
<input checked="" type="checkbox"/> business (1) 1660 KINGSWAY CT TRENTON, MI 48183	(734) 676-8400 Business (

Comment


Predefined Comments	Edit Comments
<input type="text"/>	<input type="text"/>



Selected Follow up


Who	When	Where	Comments
<input checked="" type="checkbox"/> NICHOLAS SZERLIP	In 1 week 07/11/2014		Follow up with Dr. Szerlip in Neurosurgery
<input checked="" type="checkbox"/> NARSINGH GUPTA	Within 5 to 7 days	1660 KINGSWAY CT TRENTON, MI 48183	
<input checked="" type="checkbox"/> Please call 313-745-4275 to follow up in th...	Within 2 to 5 days		


# Discharge Order


- Use order set!


Find:   Contains  Advanced Options  Type:


  Discharge Patient.


 Discharge Patient To/From


 Patient Discharge.


 Admit/Discharge Patient


 OB/GYN Discharge Patient from OB Recovery

 Notify IVRT When Patient To Be Discharged


 Discharge Planning Assessment

 Discharge outpatient only after physician order and evaluation

 Oxygen, Discharge Planning.

 Assessment Discharge Planning

CBC


 CBC/Diff.


Complete Blood Count

Routine, Nurse Collect, 1, One Time Only, 1, Day(s), Blood

Collect One lavender top tube.

Covering Physician



 Discharge Patient.

 Discharge Patient.

Drug Screen-Urine

Stat, Nurse Collect, 1, One Time Only, 1, Day(s), Urine

Send at least 5 mls urine specimen.

# Discharge Order

- Use order set
- Discharge order also default selected:
  - D/c to where?, attending name, d/c summary author (you!, unless you are night float or just covering and putting in an order for someone else), f/u physician (all Detroit docs should be here, let Dr. Shanker Kundumadam or Dr. Renato Roxas know if they aren't).
- Discharge time:
  - You can adjust the time.
  - Nurses have two hours to get patient out.
  - You shouldn't be changing the d/c time for trivial reasons when nurses ask.



ADT / Condition / Code Status

	Discharge/Release	Order	7/4/2014 19:37	07/04/2014 19:37
If patient has expired please use "Discharge/Expiration" order.				

Vitals / Patient Care

	Check Patient's Immuni...	Order	7/4/2014 19:37	07/04/2014 19:37, One Time Only
--	---------------------------	-------	----------------	---------------------------------

Details for Discharge/Release

Details Order Comments Diagnosis



\*Requested Start Date/Time: 07/04/2014 1937

\*Discharge Summary Author:

\*Follow-up Specialist/Referral Provider:

\*Discharge Status:

\*Attending Physician of Record:

Special Instructions:

- Discharge Patient AMA
- Discharge Patient Home
- Discharge Patient to Facility
- Discharge Patient to Foster Care
- Pt Left w/o Being Seen
- Pt Left w/o Continuing Treatment
- Other (Indicate in Special Instructions)

4 Missing Required Details



Dx Table

Orders For Cosignature



# Discharge Order

- Other orders for d/c:
  - Nurses will automatically remove IV.
  - Resident can remove midline, consult to IV team for PICC removals or for midline removals.
  - “D/C Foley” order.

careset - Discharge Patient

Component	Order Details
**Please select the appropriate patient discharge instructions from below.**	
<input type="checkbox"/> Antepartum Discharge Instructions	
<input type="checkbox"/> Discharge Instructions	
<input type="checkbox"/> Discharge Instructions - Infant/Neonatal	
<input type="checkbox"/> Postpartum Discharge Instructions.	
<input type="checkbox"/> Supplements/Tube Feedings	
<input checked="" type="checkbox"/> Check Patient's Immunization Status	T;N
<input checked="" type="checkbox"/> Discharge/Release	T;N
<input type="checkbox"/> Discharge/Release Outpatient in a Bed	
<input type="checkbox"/> Discontinue Tube/Line	T;N, Imminent Discharge
**For Patients who require Home Care, DME, Test Procedures or post-acute care treatments by another facility/agency**	
<input type="checkbox"/> Post-Discharge Treatment Orders	

No Results

Details



Check Patient's Immuni...

Order

7/4/2014 19:37

07/04/2014 19:37, One Time Only



Discontinue Tube/Line

Order

7/4/2014 19:40

07/04/2014 19:40, PICC/Certified Only, Routine, Nurse to Perform

Jugular Bulb/Physician Only

Nasogastric Tube

Nasojugostomy Tube

Other (Indicate in Special Instructions)

Penrose Drain

Peripheral IV Line

PICC/Certified Only

Suprapubic Catheter

T Tube/Physician Only

Umbilical Artery Cath/Certified Only

Umbilical Venous Cath/Certified Only

Venous Access Device/Certified Only

PICC/Certified Only

## Details for Discontinue Tube/Line

Details Order Comments Diagnosis



\*Requested Start Date/Time: 07/04/2014 1940

\*Priority: Routine

Special Instructions:

\*Tube Type-Discontinue (Select up to 5 values):

\*Responsible Clinician: Nurse to Perform

4 Missing Required Details

Dx Table

Orders For Cosignature

Sign



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Urinary Catheter Disco... Order

7/4/2014 19:41

07/04/2014 19:41, One Time Only

▼ Details for **Urinary Catheter Discontinuation. (Discontinue Foley Catheter.)**

**Details**

Order Comments

Diagnosis



**\*Requested Start Date/Time:** 07/04/2014 1941

Frequency: One Time Only

**\*Urinary Catheter Type:**  
External  
Indwelling

Special Instructions:



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# Discharge Summary

- Needs to be done within 24 hours, but preferably on the same day!
- Can replace the progress note for that day
  - **But must include subjective and physical exam**
- Other important things to include
  - Admit day/discharge day.
  - Diagnosis.
  - Hospital course – short and in prose – also good to include a problem-based summary (like the bullets in the A/P on daily notes).
    - Remember that a lot of people will use only this document to get all of the patient's history from previous admissions, and anyone who this is faxed too won't have access to the rest of the notes.
    - Similarly the physical exam may be referenced in the future and needs to be complete and accurate.

# Readmissions

- Do your part to prevent it with appropriate education, med recs, setting up appointments.
- Readmissions for things like Heart Failure and a few others within 30 days don't get paid for by the insurance company.
- Also the readmission rates are tracked and can be publicly accessed on the internet.

# Discharge Process

- Definitions for common DC terms
- How to write a simple DC prescription
- Diabetic and insulin prescriptions
- DME prescriptions
- New Hemodialysis
- IV Outpatient Antibiotics
- Homeless OR uninsured
- Home Oxygen
- Placement (Nursing home or SAR or Other) Transportation:
- Using the “Depart”:
  - Diagnosis
  - Med reconciliation
  - Follow up appointments
- Discharge order.
- Discharge summaries.





Find this presentation in the Intern Lecture series boot camp area of [www.wsumed.com](http://www.wsumed.com)

