

Discharge Process

Physician DC Process Updates

2018

New Discharge Orders

- Discharge Order- use for unconditional discharge
- Discharge Order with Parameter- use for patients that have conditions to meet prior to being discharged
- Discharge Follow Up- (fields included in previous 2 DC orders) use to list any providers needed for follow up
- Consults Discharge Order- (included in previous 3 DC orders) use to list any consulting provider needed for follow up
- Ready for Discharge Process Order- same content as Discharge Order; used by nursing for patients with DC Parameters met and requiring the order source of "z" (departmental process)

Orders to be RETIRED

- ← • Discharge Now or Discharge
 - ← • Conditional Discharge
 - zMD: Discharge Criteria
 - ← • zMD: Appointment Follow Up
 - ← • CHF Follow Up
 - ← • Consulting Provider OK to DC
- Other retiring orders
- OB Postpartum Discharge
 - OB Undelivered Discharge
 - Peds Discharge Order

PHYSICIAN

Overview of Discharge Process

Current vs New

PROVIDER ORDER WORKFLOW:

Initiate Discharge order

Enter "Discharge"

- Perform Med Rec
- Complete Discharge Summary note (pDOC includes fields that pull to nursing DC instructions)

OR

Enter "Conditional Discharge"

- Perform Med Rec
- Proceed with entering Discharge Summary (pDOC includes fields that pull to nursing DC instructions)
- Nurse to discharge patient once discharge criteria met

OR

Enter discharge orders for specific patient populations:

- Psychiatric Discharge- *will not change*
- Outpatient Discharge- *will not change*
- NICU/NB Discharge- *will not change*
- OB Postpartum Discharge
- OB Undelivered Discharge
- Peds Discharge

Follow Up orders available (not included in Discharge order so must be ordered separate)

- zMD: Appointment Follow Up
- CHF Follow Up

PROVIDER ORDER WORKFLOW:

Initiate Discharge order

Enter “Discharge Order” (starts discharge time clock)

- Perform Med Rec
- Complete Discharge Summary note (pDOC includes fields that pull to nursing DC instructions)

OR

Enter “Discharge Order with Parameters”

- Perform Med Rec
- Anticipate nursing contact with updated patient information within 24 hours, if ordered, to determine next steps for discharge process
- If patient is ready for discharge, enter “Discharge Order”
- Complete Discharge Summary note (pDOC includes fields that pull to nursing DC instructions)
- If patient is not ready for discharge at 24hr , DC the order and document in a note the reason for patient stay

*NOTE

Psychiatric Discharge- *no changes*

Outpatient Discharge- *no changes; out of scope*

NICU/NB Discharge- *no changes; out of scope*

- Follow Up orders available (content also included in Discharge orders above)
 - Discharge Follow Up
 - Consults Discharge Order

PROVIDER Documentation of Discharge Summary note

- Specific pDOC fields flow to DC order and Nursing Discharge Instructions
- Special Instructions field will not pull to nursing or order
- Nursing data does not flow to pDOC
- The last entered information (note or order) prior to the nurse starting their Discharge Instructions will be what is available for the nurse to provide to the patient.

Med Rec	PE	General	Tx & Proc	DC Instruc
Discharge Instructions				
Discharge to:				
Activity:				
Diet:				
Prescriptions:		← Items flow		
Special instruct...		← to DC order		
DC Instructions		← to DC order		
Agency referral:				
Follow-up:		← Follow up pulls		
Discharge manage...		to the nursing		
Time spent:		side for viewing		
Emergency instru...				

Fields that flow to DC order and Nursing DC instructions from pDOC:

- Discharge to
- Activity
- Diet
- Prescriptions
- DC Instructions

Med Rec	PE	General	Tx & Proc	DC Instruc
Discharge to:		To use canned text select "Special Instructions" and the Text button.		
Activity:		Once info is pulled in must cut, copy and then paste (using mouse clicks) into the "DC Instructions" field in order for it to flow to the order/nursing		
Diet:				
Prescriptions:				
Special instruct...				
DC Instructions				

Insert
My Data
Data Formats
Text
Next Stop (F2)
Manage Probs
OK/Next
OK
Cancel
Code Visit
View Protocol

I have spoken with the patient and/or caregivers. I have explained the patient's condition, diagnoses and treatment plan based on the information available to me at this time. I have answered the patient's and/or caregiver's questions and addressed any concerns. The patient and/or caregivers have as good an understanding of the patient's diagnosis, condition and treatment plan as can be expected at this point. The vital signs have been stable. The patient's condition is stable and appropriate for discharge from the emergency department.

PROVIDER Documentation of Discharge Summary

- Active recall functionality available
- Responses entered from the Discharge Order, Discharge with Parameters Order, Consult Discharge, or Follow Up order display as options
- The last entered information (note or order) prior to the nurse starting their Discharge Instructions will be what is available for the nurse to provide to the patient.
- Special Instructions field is removed

Recall Responses	
Discharge Summary	
<input checked="" type="checkbox"/>	PCP
<input checked="" type="checkbox"/>	PCP
<input type="checkbox"/>	Discharge to: Rehab
<input checked="" type="checkbox"/>	General Information
<input checked="" type="checkbox"/>	General Information
<input type="checkbox"/>	Discharge date: 08/21/18
<input checked="" type="checkbox"/>	Discharge Instructions
<input checked="" type="checkbox"/>	Discharge Instructions
<input type="checkbox"/>	Diet: low sodium, regular
<input type="checkbox"/>	Oral fluid restriction: No
<input type="checkbox"/>	Weight monitor: Weekly
<input type="checkbox"/>	Activity: no bending, no lifting, no twisting, non...
<input type="checkbox"/>	Wound/dressing care: Change dressing daily, Clean wound daily...
<input type="checkbox"/>	Equipment/supplies: Cane, Walker
<input type="checkbox"/>	F/U labs/procedures/tests: CBC IN 2 WEEKS
<input type="checkbox"/>	Notify provider of these s/s: HOT PAINFUL INCISION WITH PURULENT DRAINAGE
<input type="checkbox"/>	Additional instructions: TAKE CARE
<input type="checkbox"/>	Return to work/school: No
<input type="checkbox"/>	Date to return: 09/20/18
<input type="checkbox"/>	Restrictions upon return: Yes
<input checked="" type="checkbox"/>	Follow-up Appointments
<input type="checkbox"/>	PCP: Akin, Carl David MD; Phone: 816-461...
<input type="checkbox"/>	Attending Physician: Pacicca, Donna M MD...
<input type="checkbox"/>	Consulting provider 1: Provider 1: Wagner, Anna S DO; Specialty...
<input type="checkbox"/>	Consulting provider 2: Provider 2: Rader, Valerie J MD; Special...
<input type="checkbox"/>	Consulting provider 3: Provider 3: Fabian, Carol J MD; Specialt...
<input type="checkbox"/>	Consulting provider 4: Provider 4: Eckert, Cynthia A MD; Specia...
<input type="checkbox"/>	Consulting provider 5: Provider 5: Quann, Philip J MD; Specialt...

Fields that flow to DC order, Nursing DC instructions, and pDOC note:

- Discharge to
- Diet
- Oral mls allowed
- Weight monitor
- Activity
- Wound/dressing care
- Equipment/supplies
- Notify provider of these s/s
- Additional instructions
- Return to work/school
- Date to return
- Restrictions upon return
- PCP, phone#, appt info
- Attending dr, phone#, appt info
- Consulting dr, phone#, appt info

Discharge of a Patient

NEW pDOC PROCESS

PROVIDER Documentation of Discharge Summary

- **Note:** on fields slated to pull from pDOC that have lists to choose from, select the checkbox options in order for the data to pull forward
- Enter any additional items needed beside the blank checkbox from the list
- Comments entered in the comment field will NOT pull to nursing or the order screens

Document: Discharge Summary - Discharge Instructions

TEAL, KSA HWS - 28/F DOB 05/05/90 DIS IN D.TRAIN1 D.TRAIN1/31
 5 ft 5 in 150 lb 1.75 m2 24.9 kg/m2 U/A D00003032/D0000003287!

PCP	General	Med Rec	DC Instruc	Objective
	Tx & Proc	Quality	Attest	

Discharge Instructions

Diet:

Oral fluid restr...

MIs allowed per ...

Weight monitor:

Activity:

Wound/dressing c...

Equipment/suppli...

F/U labs/procedu...

Notify provider ...

Additional instr...

Agency referral:

Prescriptions:

Return to work/s...

Date to return:

Restrictions upo...

Discharge manage...

Activity:

- Activity:
- as tolerated
- bedrest
- light duty
- non-weight bearing, left
- non-weight bearing, right
- no bending
- no lifting
- no twisting
- non-strenuous
- partial weight bearing, Lt
- partial weight bearing, Rt
- remove brace to shower
- walk
- walk with assistance
- wear brace
- ENTER ADDITIONAL ITEMS HERE PRN**

Comment: **THE COMMENT FIELD WILL NOT PULL TO ORDERS OR NURSING**

OK/Next OK Cancel

The Provider DC desktop will offer additional information with the next update.



Discharge Plan

- Patient Problems Click any Problem to Edit	
3 sections not complete	
- DISPOSITION	
Plan DC Date Planned discharge or disposition date	
* Disposition	<input type="radio"/> Against Medical Advice <input type="radio"/> DISCH ANOTHER TYPE FACILITY <input type="radio"/> DISCH C/O HOME HEALTH SERVICE <input type="radio"/> DISCH HOME IV PROVIDER <input type="radio"/> DISCH SKILLED NURSING FACILITY <input type="radio"/> DISCHARGED WITH GUARDIAN <input type="radio"/> DX TO INPATIENT PSYCH FACILITY <input type="radio"/> HOSPICE - HOME <input type="radio"/> HOSPICE - MEDICAL FACILITY <input type="radio"/> Inter/Cust/Supp Fac-NO MCR/MCD <input type="radio"/> LAW ENFORCEMENT/COURT <input type="radio"/> LONG TERM CARE HOSPITAL <input type="radio"/> NSG FAC M-CAID CERT/NO MEDICAR <input type="radio"/> NURSING HOME - DISCHARGED TO <input type="radio"/> REHAB FACILITY/REHAB UNIT <input type="radio"/> ROUTINE HOME/SELF CARE
Required	
- ORDERS/MEDICATIONS	
* Discharge Order	Facility Discharge Order Required
* Home Medication	Discharge home meds including prescriptions Required
pDOC Templates Provider Discharge Summary	
- REFERENCES	
Vaccines	Vaccines administered during this visit will show here
Results	Results

References:

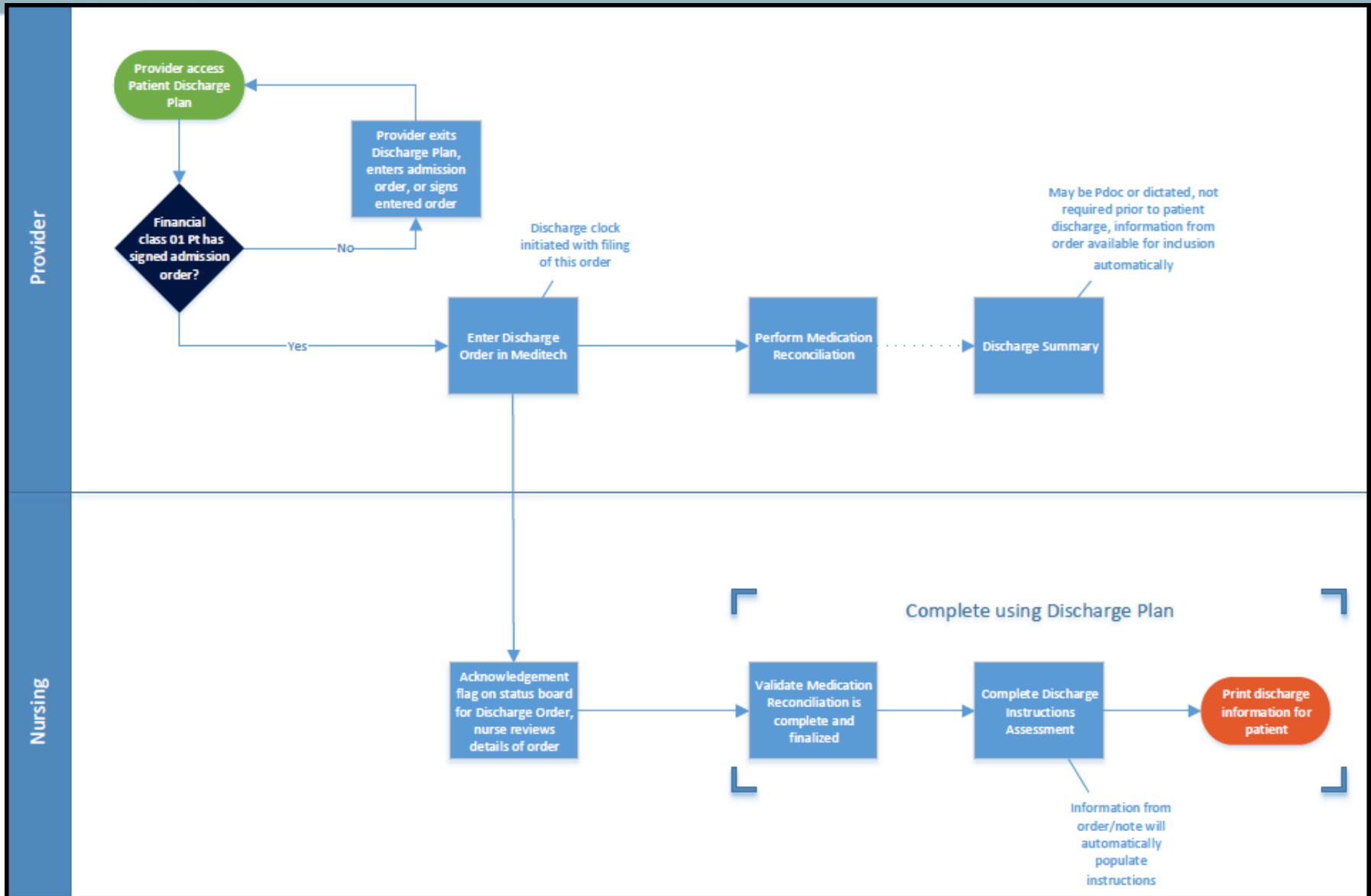
- Vaccines given during this stay will show
- Results types can be pulled into the printed packet for the patient

- REFERENCES		
Vaccines	PNEUMOCOCCAL 23-VAL P-SAC VAC	Last Admin: 08/24/18 1630
Results	<input checked="" type="checkbox"/> Diabetic Results	

Overview of NEW Discharge Order Flow

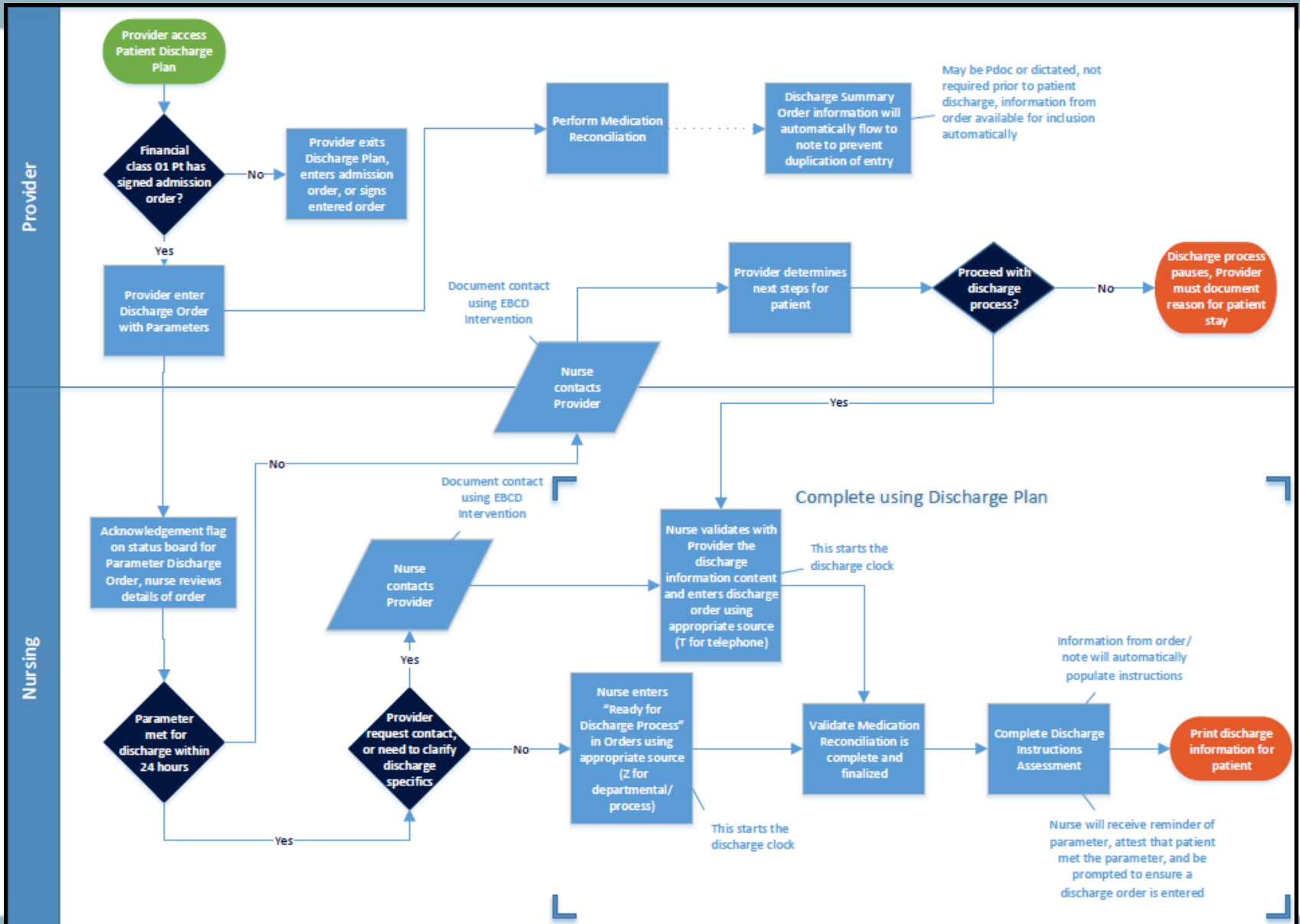
Discharge Process Flowchart

Discharge Order



Discharge Process Flowchart

Discharge Order with Parameter



Dive into New Discharge Orders

New Discharge Order (used for unconditional discharge)

New Discharge Order; Formerly used "Discharge"

The responses entered on the DC order fields will display on DC PDOC templates and Nursing DC Instructions.

13 Discharge to: (Or FreeTxt)

1 None	5 Extended care facility	9 Psych. facility
2 Home with home health sv	6 Hospice	10 Rehab
3 Assisted living facility	7 Nursing home	11 SNF
4 Corrections facility	8 Planned inpatient readmit	

Discharge to:

Discharge date: *

Discharge time: *

Does patient have Stroke/TIA at discharge? *

The eQMs field are updated to "Does patient have Stroke/TIA at discharge:" If a response of Y the user accesses Stroke/TIA eQm fields. If a response of N, the fields are skipped.

14 Statin at Discharge?

1 Yes

2 No

Statin at Discharge? *

Statin Contraindications:

Other Specific Reason:

LDL Level:

A response of Yes to "Does patient have Stroke/TIA at discharge:" the user enters responses to the following:
 Statin at Discharge:
 Statin contraindications:
 Other specific reason:
 LDL Level:

15 Antithrombotic at Discharge?

1 Yes

2 No

Antithrombotic at Discharge? *

Antithrombotic Contraindications:

Other Specific Reason:

A response of Yes to "Does patient have Stroke/TIA at discharge:" the user enters responses to the following:
 Antithrombotic at Discharge:
 Antithrombotic Contraindications:
 Other Specific Reason:

16 Hx or current AFIB/AFLUTTER:

1 Yes

2 No

Hx or current AFIB/AFLUTTER: *

Anticoagulation Therapy at Discharge?

Anticoagulation Contraindications:

Other Specific Reason:

A response of Yes to "Does patient have Stroke/TIA at discharge:" the user enters responses to the following:
 Hx or current AFIB/AFLUTTER:
 Anticoagulation Therapy at Discharge:
 Anticoagulation Contraindications:
 Other Specific Reason:

17 Does the patient have any of the following conditions?

1 NO

2 YES

Does the patient have any of the following conditions? (THIS ADMISSION)

Indicate if patient has any of the below with Y:

AMI: HF: PCT: Stroke/TIA:

Core Measure questions will be required by any staff entering the Discharge Order

18 Discharge Criteria: (Or FreeTxt)

PT Tolerates Diet THESE ARE EXAMPLES ONLY

PT Able to Void

Normal Lab Result *DC If/When Order only*

Cleared by Consults

Discharge Criteria:

Comment:

19 DC Instructions for Patient:

Enter free text

DC Instructions for Patient:

NO DRIVING FOR 1 WEEK: CALL FOR ANY SEVERE REDNESS OR SWELLING IMMEDIATELY

Please be as DETAILED as possible
 If PDOC DC Summary documented click OK button now

20 Activity: (Or FreeTxt)

ambulate non-strenuous

ambulate with assistance no restrictions

bedrest

light duty

Activity: bedrest
 non-strenuous
 light duty

Only use if DC Summary was DICTATED

RETIRED ORDER

RETIRED ORDER

21 Discharge to: (Or FreeTxt)

1 home

2 ALF

3 corrections facility

4 extended care facility

5 hospice

6 nursing home

7 planned inpatient readmit

8 psych. facility

9 rehab

Discharge to: home

Return to Work/School: No

Work/School Instructions: WAIT UNTIL JAN 4

Weight Monitoring: Yes

Frequency:

22 Instruction:

Enter free text

Instruction: CHANGE TID

Care Of: DRESSING

Care Of: IV OR VASCULAR ACCESS

Instruction: KEEP SITE DRY; COVER DURING SHOWERS

23 Diet: (Or FreeTxt)

bariatric liquid diet fluid restricted normal

cardiac low sodium

clear liquids mechanical

diabetic regular

Diet: diabetic
 low sodium

Fluid Restriction ML per day:

Only use if DC Summary was DICTATED

24 Prescriptions: (Or FreeTxt)

on chart

with family

with patient

none

Prescriptions: with family

Only use if DC Summary was DICTATED

Discharge Order (continued)

Assessed for Rehabilitation?

1 Yes
2 No

Assessed for Rehabilitation? * Assessed for Rehabilitation?
Reason for not ordering Rehab: Reason for not ordering Rehab:

A response of Yes to "Does patient have Stroke/TIA at discharge:" the user enters responses to the following:

Diet: (Or FreeText)

1 <input type="checkbox"/> bariatric liquid diet	5 <input type="checkbox"/> diabetic	9 <input type="checkbox"/> low sodium
2 <input type="checkbox"/> bland	6 <input type="checkbox"/> fluid restricted	10 <input type="checkbox"/> mechanical
3 <input type="checkbox"/> cardiac	7 <input type="checkbox"/> full liquid	11 <input type="checkbox"/> regular
4 <input type="checkbox"/> clear liquids	8 <input type="checkbox"/> low fat	12 <input type="checkbox"/> or <FS> For More Options

Diet:

The response entered on the "Diet" field will display on Physician Documentation and Nursing Discharge Instructions

Oral fluid restriction:

1 Yes
2 No

Oral fluid restriction:
Mls allowed per day:
Weight Monitoring:

The responses entered on the fields shown will display on Physician Documentation and Nursing Discharge Instructions.

Activity: (Or FreeText)

1 <input type="checkbox"/> as tolerated	5 <input type="checkbox"/> non-weight bearing, right	9 <input type="checkbox"/> non-strenuous
2 <input type="checkbox"/> bedrest	6 <input type="checkbox"/> no bending	10 <input type="checkbox"/> partial weight bearing, Lt
3 <input type="checkbox"/> light duty	7 <input type="checkbox"/> no lifting	11 <input type="checkbox"/> partial weight bearing, Rt
4 <input type="checkbox"/> non-weight bearing, left	8 <input type="checkbox"/> no twisting	12 <input type="checkbox"/> or <FS> For More Options

Activity:

The response entered on the "Activity" field will display on Physician Documentation and Nursing Discharge Instructions.

Wound/dressing care: (Or FreeText)

1 <input type="checkbox"/> Change dressing daily	5 <input type="checkbox"/> Leave dressing in place
2 <input type="checkbox"/> Clean wound daily	6 <input type="checkbox"/> Leave steri strips
3 <input type="checkbox"/> Drain care	7 <input type="checkbox"/> OK to shower tomorrow
4 <input type="checkbox"/> Keep wound clean and dry	8 <input type="checkbox"/> Use cast guard for shower

Wound/dressing care:
Equipment/supplies:

The response entered on the Wound/dressing care: and Equipment/supplies: fields will display on Physician Documentation and Nursing Discharge Instructions.

Follow up labs, procedures, treatments:

Enter free text

Follow up labs, procedures, treatments:

The response entered on the Follow up labs, procedures, treatments: field will display on Physician Documentation and Nursing Discharge Instructions.

Notify provider of these s/s:

Enter free text

Notify provider of these s/s:

The response entered on the Notify phys of these s/s: field will display on Physician Documentation and Nursing Discharge Instructions.

Additional instructions:

Enter free text

Additional instructions:
Instructions for Nursing:

The responses entered on the Additional instructions and Instructions for Nursing fields will display on Physician Documentation and Nursing Discharge Instructions.

New Discharge Order

Discharge Order (continued)

Return to work/school restrictions:

1 Yes
 2 No

The responses entered on the Return to work/school fields shown will display on Physician Documentation and Nursing Discharge Instructions.

Return to work/school:
 Return to work/school date:
 Return to work/school restrictions:

Work/school restrictions:

Enter free text

The response entered on the Work/school restrictions: field shown will display on Physician Documentation and Nursing Discharge Instructions.

Work/school restrictions:

PCP phone:

Enter free text

PCP:
 PCP:
 PCP phone:

PCP appt date:

Calendar Del

PCP appt date:
 PCP appt time:
 PCP follow up timeframe:
 PCP special instructions:

The responses entered on the PCP fields shown will display on Physician Documentation and Nursing Discharge Instructions.

Attending physician appt date:

Calendar Del

Attending Physician:
 Attending physician phone:
 Attending physician appt date:
 Attending physician appt time:

Attending physician follow up timeframe: (Or FreeTxt)

1 Today	5 In 5 days	9 In 3-4 weeks
2 In 2 days	6 In 6 days	10 In 4-5 weeks
3 In 3 days	7 In 1-2 weeks	11 In 5-6 weeks
4 In 4 days	8 In 2-3 weeks	12 or <F> For More Options

Attending physician follow up timeframe:
 Attending physician special instructions:

The responses entered on the Attending physician fields shown will display on Physician Documentation and Nursing Discharge Instructions.

Consult phone:

Enter free text

Consulting provider 1:
 Consulting provider 1:
 Speciality:
 Consult phone:

Consult follow up timeframe: (Or FreeTxt)

1 Today	5 In 5 days	9 In 3-4 weeks
2 In 2 days	6 In 6 days	10 In 4-5 weeks
3 In 3 days	7 In 1-2 weeks	11 In 5-6 weeks
4 In 4 days	8 In 2-3 weeks	12 or <F> For More Options

Consult appt date:
 Consult appt time:
 Consult follow up timeframe:

The user can enter up to five consulting physicians. The responses entered on the Consulting physician fields shown will display on Physician Documentation and Nursing Discharge Instructions.

Consult special instructions:

Enter free text

Consult special instructions:

New Discharge Order with Parameter

- Formerly used "Conditional Discharge"
- The order is no longer valid AFTER 24 hours.
- Rest of the order is the same as the Discharge Order in previous slides

Discharge Parameters: (Or FreeText)

<input type="checkbox"/> Case Mgmt Follow up +	<input type="checkbox"/> Procedures	This order will expire 24 hours after being placed.
<input type="checkbox"/> Labs/DX/TX	<input type="checkbox"/> PT/OT/ST Follow up +	
<input type="checkbox"/> Meds Given	<input type="checkbox"/> Vital signs	
<input type="checkbox"/> Newborn +	<input type="checkbox"/> Voiding asymptotically	

Discharge Requirements/Parameters: 07/19/18

Discharge Parameters: Date auto defaults with today's date

Based on the parameters selected, the cursor will go to subsequent fields allowing the physician to further define specific parameters. The details of the order will display on the Nursing Discharge Instructions.

Lab/DX Param: (Specify Lab Range) (Or FreeText)

<input type="checkbox"/> HGB > 7
<input type="checkbox"/> IHR Between 2.0-3.0
<input type="checkbox"/> K Between 3.5-5 mEq/L
<input type="checkbox"/> Negative Cultures to date

Lab/DX Param: (Specify Lab Range): Lab/DX Param: (Specify lab range) field enter the specific lab range for the parameter.

Procedure: Procedure: enter the specific procedures for the patient based on the parameters.

Meds to be Given: (Enter specifics)
Enter free text

Meds to be given (enter specifics): enter the specific medication details that can be verified by the nurse.

Meds to be Given: (Enter specifics)

Temperature range:
Enter free text

Vital sign parameters can be that can be verified by the nurse.

Temperature range: Heart rate range:
 Respiration range: Systolic blood pressure range:
 Diastolic blood pressure range: O2 saturation range:

Does patient have any of the following conditions at discharge?

<input type="checkbox"/> AMI	<input type="checkbox"/> Confirmed VTE
<input type="checkbox"/> HF	<input type="checkbox"/> CABG
<input type="checkbox"/> PCI	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Stroke/TIA	

Does patient have any of the following conditions at discharge?

Check all that apply for this admission

Discharge Criteria: (Or FreeText)

<input type="checkbox"/> Pt Tolerates Diet	<input type="checkbox"/> Pain is controlled	<input type="checkbox"/> Fluids complete
<input type="checkbox"/> Pt Tolerates PO	<input type="checkbox"/> Pt Able to Void	<input type="checkbox"/> Once current IV Abx done
<input type="checkbox"/> Normal Lab Result	<input type="checkbox"/> Pt Able to pass flatus	<input type="checkbox"/> After Abx Ordered by ID
<input checked="" type="checkbox"/> Cleared by Consults	<input checked="" type="checkbox"/> Stress Tests negative	<input type="checkbox"/> or <F9> For More Options

Discharge Criteria: Stress Tests negative

Comment:

RETIRING ORDER

New Discharge Follow Up

Formerly used “zMD: Appointment Follow Up”

- Includes PCP, Attending and up to 5 consulting provider appointments
- All provider appointments entered on this order will display on Physician Documentation (pDOC), Discharge order, parameters for discharge and Nursing Discharge Instructions.

PCP phone:
Enter free text

PCP:
 PCP:
 PCP phone:

PCP special instructions:
Enter free text

PCP appt date:
 PCP appt time:
 PCP follow up timeframe:
 PCP special instructions:

Attending physician appt time:

7	8	9	Del
4	5	6	
1	2	3	
	0		Now

Attending Physician:
 Attending physician phone:
 Attending physician appt date:
 Attending physician appt time:

Attending physician special instructions:
Enter free text

Attending physician follow up timeframe:
 Attending physician special instructions:

Consult phone:
Enter free text

Consulting provider 1:
 Consulting provider 1:
 Specialty:
 Consult phone:

Consult special instructions:
Enter free text

Consult special instructions:

New Consults Discharge Order

Formerly used “zMD: Appointment Follow Up”

- Consulting provider Follow Up Appointments are captured in this ordering screen.
- There are 5 consulting provider entries available
- Consult provider appointments entered on this order will display on Physician Documentation (pDOC), Discharge order, parameters for discharge and Nursing Discharge Instructions.

Consult phone:

Enter free text

Consulting provider 1: DR.BURNS | JOYCE BURNS
 Consulting provider 1: _____
 Specialty: DERMATOLOGY
 Consult phone: 615-344-9090

Consult appt date:

Calendar Del

Today
 Tomorrow

Consult appt date: 06/26/18
 Consult appt time: 0915
 Consult follow up timeframe: _____

Consult special instructions:

Enter free text

Consult special instructions:
 Consult 1 special instructions

Procedure Ordered
 zMD: Appointment Follow Up +

Pri	Service	Date/Time	Series	Directions	Qty
0		12/10 N			

Follow-up with:

Enter free text

RETIRED ORDER

Follow-Up with: _____ When: _____
 Reason: _____
 Follow-Up with: _____ When: _____
 Reason: _____
 Follow-Up with: _____ When: _____
 Reason: _____

New Ready for Discharge Process Order

- Used in conjunction with the “Discharge Order with Parameter”
- Use if discharging provider indicates NO request to contact or clarify discharge specifics
- Only available to nursing using the order source of “z” Dept Process once patient has met parameters for discharge; will not cue for signing

- **Content/screens are the same as the “Discharge Order”**

Nursing Workflow

- Patient met parameter within 24 hours and provider DOES NOT REQUEST nurse to contact.
- Acknowledgement flag on the nursing status board
- Nurse enters the NEW “Ready for Discharge Process” order indicating patient met conditions and is ready for discharge according to physician’s previous parameter order
 - This order does not need to queue to the provider for signature
 - Use order source “z” for Dept Process
 - Starts the discharge time clock
- Nurse validates Med Rec is complete
- Complete Nursing Discharge Instructions Assessment from Discharge plan
- Print Patient Discharge Packet from Discharge Plan

Thank you for taking the time to review these updates and helping improve the discharge process!

Questions



**For questions or issues please contact the
Service Desk at 816-276-HELP**