

Situation:

A consistent way to communicate IV meds at discharge is needed

- Accepting SNF
- Accepting higher level facility (example: University of Denver or a University in AZ)
- Infusion Center * (Provider needs to write a separate script)

A consistent way to communicate Medication Information at discharge is needed

- “We stopped your Lisinopril during this hospitalization because of your kidneys. You may restart Lisinopril again in the near future after discussing with your primary care physician.”
- “We discontinued Coumadin. This is due to your recent surgery. You will need to restart Coumadin on X date.”

Background: Free text areas exist. Providers use them differently, or not at all.

Assessment: Currently, there is no standard for Continuum of Care information in the Depart. *This will change in the near future as there is a platform in development (via Cerner) for this.

Recommendation: We need to fill the gap until the new Continuum of Care platform is implemented.

Hospital Medicine CCG recommendation:

1. Enter free text information in ‘**Discharge Instructions/Recommendations**’ section in the depart under ‘**Other**’
2. Continuing IV meds at discharge with radial dial is not allowed at current time. We are reviewing this for possible change.
3. **Present Day: New script will always need to be created if you want the medication to be a IV script or show up listed as a IV medication in the Depart.**



ZZZNCMC, PPIDFOURTEEN

Age:31 years

DOB:01/01/1986

Gender:Unknown

PCP:

Encounter:Inpatient

Language:

Weight:

Location:94 Test IP ONLY

Allergies: No Known Allergies

Templates: DISCHARGE Adult Instructions

DISCHARGE

Open Chart	
Physician Discharge Diagnosis	
✓ Medication Reconciliation	
✓ Discharge Prescriptions	
Discharge Instructions/Recommendations	
Hospital Visit Summary	
DME/Non Med Orders/Work or School Note	
✓ <input type="checkbox"/> Follow-up Appointments	
<input checked="" type="checkbox"/> Please Restart Coumadin in 3 days, same dose.Patier	
Patient Education	
Core Measures	
Order Discharge	

PATIENT DISCHARGE INSTRUCTIONS
 NORTH COLORADO MEDICAL CENTER
 1801 16th Street, Greeley, CO 80631
 (970) 810-4121

Name: **ZZZNCMC, PPIDFOURTEEN** MRN:99999 FIN:1017201714 Nursing Unit:
 Primary Care Provider:

These patient discharge instructions will help you care for yourself or family meml
 hospital stay. Your nurse or doctor may give you other information to meet your s
 your follow-up appointments with your doctor.

Call 911 if you have:

1. Severe shortness of breath or trouble breathing.
2. Heart Attack warning signs: Chest pain; pain in one or both arms; pain in jaw, r
3. Stroke warning signs: Sudden numbness or weakness, especially on one side
 sudden trouble walking; dizziness; loss of balance; sudden severe headache.

Warning: Smoking causes lung disease, heart disease, and other health problem
 smoked in the last 12 months, we strongly advise you to quit. Talk to your healthc



Performed on: 11/17/2017 10:48 MST

Instructions/Recc

Vesion IT Use Or

Wound/Ostomy

Tahoma 9 [Icons] **B U / S**

Respiratory Care

Tahoma 9 [Icons] **B U / S**

Diabetes Educator

Tahoma 9 [Icons] **B U / S**

Pharmacy

Tahoma 9 [Icons] **B U / S**

Other

Tahoma 9 [Icons] **B U / S**

Wound/Osto

Tahoma

Respiratory C

Tahoma

Diabetes Ed

Tahoma

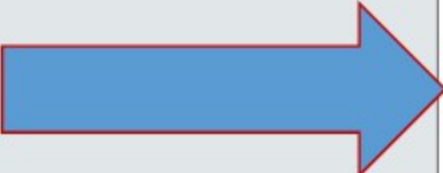
Pharmacy re

Tahoma

Other recom

Tahoma

Open Chart	
Physician Discharge Diagnosis	
Medication Reconciliation	
Discharge Prescriptions	
Discharge Instructions/Recommendations	
Hospital Visit Summary	
DME/Non Med Orders/Work or School Note	
Follow-up Appointments	
<input checked="" type="checkbox"/> Please Restart Coumadin in 3 days, same dose.Patier	
Patient Education	
Core Measures	
Order Discharge	



PENDING TESTS

No pending tests at discharge

Electronically Signed By:

CONTINUING CARE

These are your continuing care instructions after you leave the hospital.

Other: Patient has been on Rocephin 1gram daily x 4 days. Today is Day 4 of 14. Antibiotics will need to be ordered at the accepting facility.

Patient was on Heparin drip in house and in route for transfer. This will need to continue at the accepting facility and be ordered by accepting facility.

Your med list says to stop Coumadin. This is due to your recent surgery and bleeding. You will need to restart Coumadin in 10 days on December 5th.

Durable Medical Equipment/Non Medication Orders:
No Available Information

Electronically Signed By:

EMERGENCY DEPARTMENT EXAMS/TESTS/PROCEDURES

If you were cared for in this hospital Emergency Department, you will see these exams, tests, and procedures listed on this page.

Orders Prior to Reconciliation

Orders After Reconciliation

Order Name/Details	Status	Icons	Order Name/Details	Status
Home Medications				
cefTRIAxone (Rocephin 1 gm/50 ml intravenous solution) <i>See Instructions, 1 Gm IV Q12H 10 day(s). Today is day 4 in house. IV Antibiotics will need to be ordered at acceptin... < Notes... ></i>			cefTRIAxone (Rocephin 1 gm/50 ml intravenous solution) <i>See Instructions, 1 Gm IV Q12H 10 day(s). Today is day 4 in house. IV Antibiotics will need to be ordered at acceptin... < Notes... ></i>	Prescribe
furosemide (Lasix) 40 mg, PO, DAILY, 0 Refill(s)	Documented		furosemide (Lasix) 40 mg, PO, DAILY, 0 Refill(s) < Notes for Patient >	Documented
tamsulosin PO, DAILY, 0 Refill(s)	Documented		tamsulosin PO, DAILY, 0 Refill(s) < Notes for Patient >	Documented
Continued Home Medications				
aspirin 81 mg, PO, DAILY, 0 Refill(s)	Documented		aspirin 81 mg, PO, DAILY, 0 Refill(s) < Notes for Patient >	Documented
aspirin 81 mg, PO, DAILY	Ordered			
lisinopril 10 mg, PO, DAILY, 0 Refill(s)	Documented		lisinopril 10 mg, PO, DAILY, 0 Refill(s) < Notes for Patient >	Documented
lisinopril 10 mg, PO, DAILY	Ordered			
metoprolol (metoprolol succinate ER) 50 mg, PO, DAILY, 0 Refill(s)	Documented		metoprolol (metoprolol succinate ER) 50 mg, PO, DAILY, 0 Refill(s) < Notes for Patient >	Documented
metoprolol (metoprolol succinate ER) 50 mg, PO, DAILY	Ordered			
Medications				
VANCOmycin 15 mg/kg, IVPB, Q12H (int)	Ordered			

[Continue Remaining Home Meds](#) [Do Not Continue Remaining Orders](#)

▼ Details for **cefTRIAxone (Rocephin 1 gm/50 ml intravenous solution)**

Send To: **Do Not Send: other reason (Rx)**

Details | **Order Comments** | **Diagnoses**

*Dose	Route of Administration	Frequency	Duration	*Dispense	*Refill
See Instructions	See Instructions	See Instructions	See Instructions	1 unit(s)	0

Start Date/Time: 11/13/2017 1426 MST
 PRN:
 DAW: Yes No
 Requested Refil Date: MST
 Print DEA Number: Yes No

***Special Instructions:** 1 Gm IV Q12H 10 day(s). Today is day 4 in house. IV Antibiotics will need to be ordered at accepting facility.

Type Of Therapy: Acute Maintenance

Select Prescriber Address: 1801 16th Street Greeley, CO 80...

Samples:
 *Stop Date/Time: 11/27/2017 1427 MST
 Frequency Schedule Id:
 Indication: infected hardware in knee
 Note to Pharmacy:

[0 Missing Required Details](#) [All Required Orders Reconciled](#) [Dx Table](#)

[Reconcile And Sign](#) [Cancel](#)



ZZZNCMC. PPIDTHIRTEEN

Age: 47 years DOB: 01/01/1970
Language: Weight:
Allergies: No Known Allergies

Gender: Unknown

PCP:
Encounter: Inpatient
Location: 94 Test IP ONLY

MRN: 99999
FIN: 1017201713
LOS: 27 days

HealthLife Portal:
Clinical Research:
BHN Plan:

Templates: DISCHARGE Adult Instructions

- Open Chat <
- Physician Discharge Diagnosis <
- Medication Reconciliation <
- Discharge Prescriptions <
- Discharge Instructions/Recommendations <
- Hospital Visit Summary <
- DME/Non Med Orders/Ask or School Note <
- Follow-up Appointments <
- Your med list says to stop Coumadin. This is because
- Patient was on Vancomycin 15mg/kg q 12 hours. To
- Patient Education <
- Cox Measures <
- Order Discharge <

DISCHARGE

Patient/Parent/Guardian/Legally Authorized Representative Nurse Signature

Print Name of Parent/Guardian/Legally Authorized Representative (Circle Correct Relationship)
Electronically Signed By: _____

DISCHARGE DIAGNOSIS

Diagnosis: _____

ALLERGY INFORMATION

No known allergies

MY MEDICATION INSTRUCTIONS

Talk with your primary care doctor if you have any medication questions.

START taking these NEW medications:

Non-printed (has supply at home or called to pharmacy or dispensed by provider or over-the-counter or samples given)

cefTRIAXone (Rocephin 1 gm/50 ml intravenous solution) 1 Gm IV Q12H 10 day(s). Today is day 4 in house. IV Antibiotics will need to be ordered at accepting facility.. Refills: 0.
For: infected hardware in knee
Ordering physician: MILLS MD, ANGELA MARIE
Last dose: _____ Next dose: _____

KEEP taking these HOME medications as before:

Non-printed (has supply at home or called to pharmacy or dispensed by provider or over-the-counter or samples given)

aspirin 81 Milligram Oral Once every day.
Ordering physician:
Last dose: _____ Next dose: _____

furosemide (Lasix) 40 Milligram Oral Once every day.
Ordering physician:
Last dose: _____ Next dose: _____

lisinopril 10 Milligram Oral Once every day.
Ordering physician:
Last dose: _____ Next dose: _____

Option #3

