

UMC Health System ADULT DISCHARGE PLAN	Patient Label Here
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PHYSICIAN ORDERS

Diagnosis _____

Weight _____ **Allergies** _____

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER ORDER DETAILS

Admit/Discharge/Transfer

The Discharge Plan is a multi-contributor workflow. Teams should add to and update this plan throughout the patient stay. When the patient is ready for discharge, the provider should place the Discharge Patient Order and then nursing will initiate this plan.

REMINDER: The provider must also complete the Discharge Medication Reconciliation and Discharge Summary note.

General

Discharge Condition
 Discharge Condition: Improved Discharge Condition: Stable
 Discharge Condition: Fair

Discharge Disposition
 Discharge To: Home Discharge To: Home with Home Health
 Discharge To: SNF Discharge To: Nursing Home - Intermediate Care
 Discharge To: Long term care Discharge To: TDCJ or any other jail
 Discharge To: Rehab Discharge To: Home with Hospice

Discharge Instructions

Discharge Misc Education for Patient

Diet

Discharge Diet
 Diet: Regular Diet: Resume pre-hospital diet
 Diet: Heart Healthy Diet: Low sodium (Less than 2 grams)
 Diet: Carbohydrate Controlled (1200) Diet: Carbohydrate Controlled (1600)
 Diet: Carbohydrate Controlled (2000)

Discharge Bolus Tube Feeding

Discharge Continuous/Cyclic Tube Feeding

Activity

Discharge Activity/Activity Precautions
 Activity: As tolerated | No restrictions

Discharge Lifting Instructions
 Additional Instructions: NO Lifting
 Restricted Amount: NONE, Additional Instructions: NO Lifting Restrictions

Discharge Bathing Instructions

Discharge Driving Instructions

Discharge Sexual Instructions
 Sexual Activity: Pelvic rest, Duration of Restriction: 4-6 weeks

Discharge Extremity Care (ROM, CPM, etc)

Follow Up

All patients being discharged should have a follow up appointment documented with the Discharge Follow-Up Appointment order either in this plan or as a one-off on this inpatient encounter. HUCs will then document the appointment in Depart and the appointment will show on patient's discharge education and in the discharge summary note.

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Order Taken by Signature: _____ Date _____ Time _____
Physician Signature: _____ Date _____ Time _____

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Discharge Follow-up Appointment
	Discharge Follow-up Appointment
	Discharge Follow-up Appointment
	Discharge Follow-up Lab
	Discharge Follow-up Radiology
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)
	Discharge Call Clinic
	Discharge Warfarin Management
Line, Drain, and Wound Care	
	Discharge Open Wound Care Instructions
	Discharge Closed Surgical Site Care Inst (Discharge Closed Surgical Site Care Instructions)
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)
	Discharge IV Site/Line Care Instructions
	Discharge Chest Tube/Pleural Tube Care I (Discharge Chest Tube/Pleural Tube Care Instructions)
	Discharge Foley/Nephrostomy Care Instruc (Discharge Foley/Nephrostomy Care Instructions)
	Discharge Gastric Tube Care Instructions
	Discharge Ostomy Care Instructions
Respiratory Orders	
	Discharge Oxygen Settings
	Discharge BiPAP Settings
	Discharge CPAP Settings
	Discharge Ventilator Settings
	Discharge Tracheostomy Care Instructions
Communication	
	Patient May Return to Work/School
Services that have been arranged	
	This section is to be filled out by Social Services.
	Discharge DME Instructions
	Discharge Home Health Instructions
	Discharge Outpatient Rehab Instructions
	Discharge Hospice Instructions
	Discharge Hemodialysis Instructions
	Discharge Other Services Arranged
Speciality Orders	

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ADULT DISCHARGE PLAN

PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	Discharge Monitoring

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