UMC Health System

CARDIO DISCHARGE CARDIOVASCULAR PROCEDURE PLAN

Patient Label Here

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
	General
	Discharge Condition ☐ Discharge Condition: Stable ☐ Discharge Condition: Fair ☐ Discharge Condition: Improved
	Discharge Disposition ☐ Discharge To: Home ☐ Discharge To: SNF ☐ Discharge To: Home with Hospice ☐ Discharge To: TDCJ or any other jail ☐ Discharge To: Home with Home Health ☐ Discharge To: Nursing Home - Intermediate Care ☐ Discharge To: Long term care
	Discharge Instructions ☐ Discharge Instructions: Call office if weight change +/- 2 lbs | Call/go to EC if problem/symptoms worsen | Keep all follow-up appointments | Take all medications as prescribed
	Discharge Instructions ☐ Discharge Instructions: Smoking cessation discussed
	Discharge Instructions ☐ Additional Instructions: Resume home medications ☐ Additional Instructions: Resume home medications except _____. ☐ Additional Instructions: Resume home medications with the addition of _____.
	Discharge Patient (Outpatient)
	Diet
	Discharge Diet ☐ Diet: AHA ☐ Diet: ADA ☐ Diet: Regular ☐ Diet: Resume pre-hospital diet ☐ Diet: Low sodium (Less than 2 grams)
	Discharge Diet ☐ Diet: Other - Fluid Restriction: 1500 mL per 24 hours ☐ Diet: Other - Fluid Restriction: 1200 mL per 24 hours ☐ Diet: Other - Fluid Restriction: 1000 mL per 24 hours ☐ Diet: Other - Fluid Restriction:
	Activity

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____

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ORDER	ORDER DETAILS
	Discharge Activity/Activity Precautions ☐ Activity: As tolerated ☐ Activity: Bed rest ☐ Activity: Exercise per OT/PT instructions ☐ Activity: Knee precautions ☐ Activity: No pushing or pulling with arms ☐ Activity: Posterior hip precautions ☐ Activity: With assistance ☐ Activity: As tolerated | No restrictions ☐ Activity: Do NOT lift arms above shoulders ☐ Activity: Keep splint on at all times ☐ Activity: No restrictions ☐ Activity: No straining or heavy lifting ☐ Activity: Sternal precautions
	Discharge Lifting Instructions ☐ Restricted Amount: Do not lift greater than 5 lbs, Restricted Until: 1 week post procedure
	Discharge Bathing Instructions ☐ Bathing Instructions: DO NOT submerge surgical site, Additional Instructions: for 1 week post procedure
	Discharge Driving Instructions
	Discharge Extremity Care (ROM, CPM, etc)
	Discharge Sexual Instructions ☐ Sexual Activity: Pelvic rest, Duration of Restriction: 4-6 weeks ☐ Sexual Activity: Pelvic rest ☐ Sexual Activity: Do NOT have sexual activity ☐ Sexual Activity: Do NOT take top position during sex ☐ Sexual Activity: No limitations ☐ Sexual Activity: Do NOT take meds for ED with nitrates
	Line, Drain, and Wound Care
	Discharge Surgical Drain/Tube Care Instr (Discharge Surgical Drain/Tube Care Instructions)
	Discharge Wound Care Instructions
	Communication
	Patient May Return to Work/School
	Discharge Follow-up Diagnostic Procedure (Discharge Follow-up Diagnostic Procedures)
	Discharge Follow-up Lab ☐ Lab(s) To Be Drawn: Fasting Lipid Profile and BMP, Reason for Test(s): Ongoing lipid and cardiac risk management, Lab(s) To Be Drawn In/On: 3-7 days prior to outpatient follow up visit, To Be Reviewed By: At your follow-up appointment
	Discharge Follow-up Appointment ☐ Follow Up With: Cardiologist
	Discharge Follow-up Appointment

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Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____