Discharge: From the Emergency Department (ED) Discharge Report and Discharge Plan Routine

Overview

This document provides instructions on how to discharge a patient from the Emergency Department (ED). The process for discharging a patient from the ED requires knowledge of how to use documentation with a focus on the ED Report and the use of the Discharge Routine. The ED report and the Discharge plan can be started and saved at any time prior to discharge. For each hospital site, the process of Discharging a patient may include input from other consulting providers who can contribute to the report and prescriptions. The sections of the ED report and process for discharging a patient are outlined below.

ED Report Access and Sections

When an ED Physician decides the patient is ready for discharge, the ED report and any supporting documentation needs to be completed. In addition, components of the Discharge Plan such as the Discharge diagnosis, discharge instructions, prescriptions and outpatient referrals orders can be entered.

To Document on the ED Report:

1. Select the patient on the tracker and then select the Document button on the Navigation Bar

E Return To	Home ↓	Trackers		Chart	Document) Orders	& Discharge		لان Sign	₩orkload	:= Menu		× Close
😑 ERD	octor ZZT	emplate			Royal Vic	toria Reg	ional Heal	th 👻 🔇 Priority Call Back 🛛 🤇	Find Pat	ient			Q
ED All 61		3	TBS (To Be Seen) 5	M	ly List 2			ED Waiting Room 51	Sig	jn Outs			•
		e	No Document										*
	Hhcc,Test	t 9 (Shortness of B With MD 4630h 17m Home Meds Not Upd Droplet/Contact Pending		Karasmanis, Geo	orge Ord	er L	e Resp Temp 02 Sat (RA) ab Mar CT RAD Oxygen Ad	m ADT	Care Proto	col f Pro	tocol G	
3	Test,Geor	ge 🖻 I M	No Chief Comp With MD Nalignant Hyperther 811h 23m Nome Meds Confirm Signed		Karasmanis,Geo Amy	orge Ord	er						
	Computri	tion, I	No Chief Comp With MD	ĸ	arasmanis,Geo	rge							

2. Within the Document routine, in the Add New Document field, type "ED Report" in the search bar. Add the report as a Favourite document if desired.



Add New D	Add New Document				ED	
Acute Pain Service	☆	Acute Pain 🖒 Service Prog	Admission Note	☆	ED Call Back Note	☆ 1
Consult		Note	Cardiovascul		ED Report	→ ☆

3. The ED Report is made up of six main sections. The discharge report can be initiated at any time and saved using the SAVE button. When the report is completed and the patient is ready for discharge, select the next to "Ready for Discharge" box and enter the esign four-digit PIN.

ED	Report -	ctor ZZT	emplate		7	Ready for Dis	charge: 🗌	SAVE	SIGN
Triag	je Ref ED N	IOTE	Proc N	MDM Dis	charge Plan	Sign Out		8	9,
~	Triage Ref	ferenc	e	-					^
*	ED Note	••• (+) Proble	m					
Asse	essment			2					
*	Procedure	s	•						
				5					
*	Medical D	ecisior	n Making	g					
				4					
*	Discharge	Plan							ē
Disc Disc Spr	c harge harge Probler ain and strain	n: ı of ank	le	5					
Pres No A na 50	scriptions: Action proxen [Nap 00 mg PO BID	prosyn] 500 m g Reason: p	g tablet,d e pain) Qty: :	elayed relea	ase (DR/EC)			
Out; Hick	patient Clinic : ey,Shelli, M.D	and/or). [Phys	Office Ap ician] -	pointment	:				
~	Sign Out								
Sign	out Data			6					-



ED Report Section 1: Triage Reference



The Triage Reference provides a summary of the patient's condition, vital signs, arrival mode, arrival time, triage time, ED location, and current location any assessments and treatments

ED Report Section 2: ED Note

← ED Note ··· ↔ P	roblem					
✤ Billing Code						
1234	Enter billing code					
♥ Problem ····						
> Asthma	Peconcile problems					
> Sprain and strain o	of ankle					
♥ Assessment ····						
-	Enter documentation					
♥ Reassessment ····						
Click to Enter Reassessm	ent #1					
Click to Enter Reassessment #2 Enter documentation						
Click to Enter Reassessm	ent #3					

The ED Note is comprised of the sub sections below:

• Billing Code – Enter the billing code here. Note this field is not mandatory

• Problem – Reconcile the Active Problem list here by selecting the "+ Problem" button on the ED Note section header.

• Assessment – Enter

documentation by typing or using speech recognition software and tools.

• Reassessment – Use each text box to enter documentation regarding each reassessment.



Note: Problem list management for the ED Report

For the ED Report, reconcile the Problems & History List overlay. Rank the problems using by selecting with the problems button and also select the problems to "Add to Doc" to include in the discharge report.



For further information on Problem List management, refer to the problem list tip sheet for detailed instructions.

ED Report Section 3: Procedures

Triage Ref ED NOTE Proc MDM Discharge Plan Sign Out	\$					
	^					
> Abscess I/D						
> Arterial Line ····						
✤ Burn Care/Dressing ····						
Debridement Necessary						
Type of Dressing						
Antibiotic Ointment = Non-Stick = Other =	Antibiotic Ointment = Non-Stick = Dry Sterile = Other =					
Complications						
None = Excessive Bleeding = Pain = Other =						
Additional comments						

The Procedures section is templated and enabled the documentation of Procedures conducted on the patient. Screens are designed with queries and comment boxes to document discrete data.



•	5 ()
Triage Ref ED NOTE Proc MDM Discharge Plan Sign Ou	it 🌣
← Medical Decision Making ···· 4	
Legal Status	
> TIMI Risk Score for UA/NSTEMI	
Legal Status	▼ TIMI Risk Score for UA/NSTEMI ···
al Status	Age Greater Than Equal to 65 years
Form 1 = (Involuntary - Form 3 = (Involuntary - Form 4 =	No = Yes =
n 4A - Involuntary = (Involuntary - Form 7 = (Voluntary =	Greater Than Equal to 3 Risk Factors for CAD, HTN, Hypercholes Current Smoker
untary - Form 5 E Forensic E Informal Outpattent/NA Other E	No = Yes =
Expiry Date	Known CAD (Stenosis greater than equal to 50%)
	No = Yes =
n Expiry Time	ASA Use in Past 7 days
= 0	No = Yes =
nmunity Treatment Order Prior to Admission	Severe Angina (Greater Than Equal to 2 episodes within 24hrs
5) (No)	No 📼 Yes 📼
A & B	ST Changes Greater Than Equal to 0.5mm
A:	No = Yes =
nt does not meet criteria for involuntary status because they	+ Cardiac Marker
	No = Yes =
	TIMI Score for UA/NSTEMI

The MDM section is made up of two categories:

ED Report Section 4: Medical Decision Making (MDM)

1. Legal Status

Use this section to document discrete data regarding the application of mental health forms under the Mental Health Act in addition to patient mental capacity and consent.

2. TIMI Risk Score for UA/NSTEMI

Document the values on the assessment to the get a score to estimate the mortality in

patients with STEMI.

ED Report Section 5: Discharge Plan



The Discha	arge Plan	allows care
Triage Ref ED NOT	E Proc MDM Discharge Plan Sign Out	\$
← Discharge Pla	m 5	ē
Discharge Problem	Sprain and strain of ankle	
	Suggestions From Active Problem List	
	Asthma	
Other Ambulatory Orders	Click to Enter Other Ambulatory Orders	
Instructions	Click to Enter Instructions	
Prescriptions	naproxen [Naprosyn] 500 mg PO BID	No Action
Conditions for Discharge	Click to Enter Conditions for Discharge	
Interventions	ED Discharge Assessment	
Patient Disposition	Click to Enter Patient Disposition	•

allows care providers from multiple

disciplines to complete their discharge planning and documentation in a centralized plan. For ED Providers, it can be accessed from the ED Report or the Discharge button on the Navigation Bar.

Note: It is recommended that the Discharge Plan be accessed via the report to encourage providers to document patient data relevant to the discharge plan in a centralized location. All patient data will be found in the report as all providers

will contribute to the report and plan during the patient's visit.

See instructions on how to complete the discharge plan in **Part 2**.

ED Report Section 6: Sign Out Data

Triage Ref ED NOTE Proc MDM Discl	harge Plan Sign Out		•
 ← Sign Out ← Sign Out Data → Sign Out Data 			
The data that is entered within the Sign Out Comment for the patient on the Sign Out tracker tab will display in the Sign Out section of the report	Please Note: Acceptin attestation and Post Si * Sign Out Con Sign Out Dat	ng Sign Out for this patient will add the Sign Out gn Out Evaluation to this patient's ED document. Accept Sign Out mment a	

When an ED provider takes over for another ED provider and enters sign out (hand over) comments on the ED tracker, the Sign Out Data section allows providers to preview this information. It is a noneditable field. If a patient has multiple sign outs associated with a visit, only the most recent sign out data displays



How to Complete the Discharge Plan and Order Outpatient Clinic and Office Appointments

The Discharge Plan is made up of 10 main sections however, providers are responsible for completing five identified below:

- Discharge Problem
 Other Ambulatory Orders
- 3. Instructions
- 4. Prescriptions
- 5. Conditions for Discharge

Discharge Plan

Discharge Plan		Ready for Discharge:	Cancel	Save	Save & Cl	ose
					8	۰
Discharge Problem	✓ Diabetes					
	Hypertension					_
Other Ambulatory Orders	2	Click to Enter Other Ambula	atory Orders			
Instructions	3	Click to Enter Instru	ctions			
Prescriptions	4 Click to Enter Prescriptions					
Conditions for Discharge	5	Click to Enter Conditions fo	or Discharge			
Interventions	ED Discharge Assessment					
Patient Disposition		Click to Enter Patient Di	sposition			
To Institution						
Outpatient Clinic and/or Office Appointment	ZZTemplate,ERDoctor	Emergen	cy Medicine			
Add Me						
Discharge Date/Time		Click to Enter Discharge	Date/Time			



Discharge Plan Section 1: Discharge Problem

This section is used to capture the discharge diagnosis and any other relevant patient problems. The problems on the list are suggestions from the active problems previously identified within the Active Problem List. A documented discharge diagnosis will appear on discharge reports and is relevant for hospital data collection and coding for ministry funding.

Discharge Problem	Suggestic	ons From Active Problem	List	
	Hypertension			
		Discharge Problem	✓ Hypertension	
Select the proble identify the prob	em from the suggested list lem as the discharge diagn	osis.		, this wi

If the suggested discharge problem needs to be changed, select the Discharge Problem title which will present the Discharge Problem overlay.

Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: Not Recorded	Cancel
Search Discharge Problem Q 🛛 Filter	
✓ Discharge Problem	
No Discharge Problem entered.	
Suggestions From Active Problem List ICD Code	
Hypertension	
> 3 Favorites	

There are two ways to populate the Discharge Problem list.

1. Select a problem from the Favourites list	2. Search for a new problem		
	Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: Not Recorded		Cancel Ok
✓ 3 Favorites	Diabetes Q 🛛 Filter		
Name 🗘	> Discharge Problem		
🔶 🗌 Acute biliary pancreatitis	Search Results (1 favorite)	E43.4	
🚖 🗌 Diabetes	☆ □ Diabetes insipidus secondary to vasopressin deficiency	E23.2	
🔶 🗌 Hypertension	ightarrow Diabetes insipidus, nephrogenic	N25.1	
	ightarrow Diabetes insipidus, neurohypophyseal	E23.2	
	ය ☐ Diabetes mellitus	E14.9	



	Select the new problems an	d then click on the clock
click on the clock icon to	icon to determine how long	the discharge diagnosis
determine how long the	should remain on the list as	the primary discharge
discharge diagnosis should	diagnosis. Then select "Ok"	to add it to the
remain on the list as the	discharge problem list.	
primary discharge diagnosis.		
Then select "Ok" to add it to	Note: Problems remain on t	he list will carry over to
the discharge problem list.	the next patient visit and she the patient record accurately	ould be managed so that y reflects the patient
Note: Problems remain on the	status.	
list will carry over to the next		
patient visit and should be	Discharge Problem	Cancel
managed so that the patient	MIS,FIVE 51 F 02/03/1970 Allergy/Adv: Not Recorded	
record accurately reflects the	Diabetes Q X Filter	
patient status.	Vischarge Problem (1 pending)	ICD Code
	Diabetes mellitus	E14.9
Discharge Problem	Suggestions Remain on Problem List:	ICD Code
Search Discharge Problem Q X Filter	Hypertens Until Discharge	
Discharge Problem (1 pending)	Search Result 7 Days	
Name	30 Days	
✓ Diabetes ⑤	60 Days	
Remain on Problem List	90 Days Until Removed	
Until Discharge		
14 Days		
30 Days		
90 Days		
Until Removed		
	acae are added to the list ide	
In both scenarios, if other diagn diagnosis by selecting it on the	list.	ntify the primary
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N		ntify the primary Cancel Ok
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q	ot Recorded Filter	Cancel Ok
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending)	ot Recorded	Cancel Ok
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending) Name	ot Recorded Ist. Ist. Primary *	ICD Code
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending) Name Diabetes ©	ot Recorded Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. Ist. <td>ICD Code</td>	ICD Code
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending) Name Diabetes O Hypertension	ot Recorded Ist. Primary +	ICD Code
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending) Name Diabetes O Hypertension Suggestions From Active Problem List	ot Recorded Ist. ot Recorded Image: Filter Primary + Image: Filter	ICD Code
In both scenarios, if other diagn diagnosis by selecting it on the Discharge Problem MIS,FIVE 51 F 02/03/1970 Allergy/Adv: N Search Discharge Problem Q V Discharge Problem (2 pending) Name Diabetes O Hypertension Suggestions From Active Problem List Hypertension	ot Recorded Ist. Primary + Image: state added to the list, ide	ICD Code

	Discharge Problem	✓ Diabetes	Î
l		✓ Hypertension	

Discharge Plan Section 2: Other Ambulatory Orders

This field is used to enter orders for post discharge diagnostic imaging orders. This will inform the patient of what date and time to return to the hospital to complete the procedure.

Other Ambulatory Orders	Click to Enter Other Ambulatory Orders
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For example, if the patient is to return to the hospital for an Ultrasound Doppler, enter the order, fill in the required fields and then submit the order.

🗵 Discharge Orde	rs				FINALI	ZE	SUBMIT	1
OTHER AMBULATORY OR	PRESCRIPTION	1S						
	Reconcile	Add	New	Prev	view			
	Add Ne	:w	Process	Orders				
All	Q US Doppler Carotid					•		
✓ Search Results - 1 Match								
📝 🖲 🗸 US Doppler Carot	id							
Routine	* New	D	etermined B	y Patient	Tim	e Frame		☆
*Provider	1t,Meditech						-	
*Source	Vritten Order						•	
*Relevant Clinical Information:								
Patient Pregnant?	Yes No							
Comment								
Routine								

Discharge Plan Section 3: Instructions (this is a secondary responsibility of Physicians to enter)

Enter patient-oriented instructions by typing, using canned text or speech recognition in text box and using the Meditor.

Instructions	◀ ♣ B i U ▷ 号 E & ⊑ û 區 ≔ ☆ 블 ▶ <
	 Check glucose level with meter to determine if blood glucose is below 70mg/dL. Eat or drink 15 g of simple, concentrated carbohydrates. Wait 15 minutes. Check blood glucose again. Consume an additional 15 g carbohydrate if blood glucose is still below 70 mg/dL. Follow up with a light snack or meal once glucose is stable. Mild to moderate hypoglycemia can usually be reversed rapidly (within 5-10minutes). Avoid foods high in fat because they slow the absorption of carbohydrates.

Discharge Plan Section 4: Prescriptions

Select Prescriptions to reconcile medications, add new medications, add and print new prescriptions and print the home medications list.

Prescriptions	Click to Enter Prescriptions
---------------	------------------------------

Within the Reconcile Medications screen, determine what Home Medications and Visit Medications will be continued, put on Hold and/or Stop order upon discharge. Once orders have been managed, they will appear as below:

🗵 Discharge Or	ders		FINALIZE	SUBMIT 2
OTHER AMBULATORY ORDI	ERS PRESCRIPTIONS			
	Reconcile	Add New	Preview	
✓ Medications	By Generic Name 🔻			
Home M	Medications		Visit Medications	
Continue All				Stop All
metformin 500 mg Tab	let 🛛 🧏 Rx Now 🗹			
500 mg PC	BID PRN			
* <i>DURATION</i> * <i>QTY</i> tab	0 Ref P T 1			
• • • • • • • • • • • • • • • • • • •	6			
✓ Continue	Hold Stop			
*Requesting Provider	Mt,Meditech			•
*Requesting Source	Written Order			•
Notes to Pharmacy				
motoprolol tartrato 25	ma Tablat	ee notoprolol ta	artrato 25 mg Tablot	
25 mg PO BID	ing lablet	12.5 n	PO BID	
Last Taken: Unknown	0	* DURATION * Q	TY tab 0 Ref	PTI
*Continue	*Hold *Stop	<u></u>		0
		· · ·	New Stop	
*Provider	Mt,Meditech			•
*Source	Written Order			•
Notes to Pharmacy				
\checkmark		coft DIAX	promiv [Decembir] + -	in 60 ml IV
		DATLY 120 m	s premix [kocepniñ] 1 g ols/br	11 00 mi 1v
				0
		Co	ntinue 🖌 🖌 Stop	
		pantoprazole	e IV Loading dose	
		80 mg IV ONG	CE ONE	
		Last Taken:	ntinue Stop	
		0	- stop	-

Next select "Add New" to add new prescriptions

Discharge Orde	ers	FINALIZE	SUBMIT 4			
OTHER AMBULATORY ORDERS		DNS				
	Reconcile	Add New	Preview			
	Add No	ew Process C				
All	Q pant	Modications		\cdot		
> Search Results	pantethine in Me	edications				
Pantoloc in Medications pantoprazole magnesium in Medications pantoprazole sodium in Medications pantothenic acid (vit B5) in Medications						
Search Alternatives)	Preferred 💌		ş		
> Pant > Pant	oloc 20 mg tablet,delay oloc 40 mg tablet,delay	ved release (pantopra ved release (pantopra	zole sodium) zole sodium)			

Enter the relevant information in the order screen to inform Pharmacy and to print on the prescription. On the Reconcile screen, the medication will display as New (blue). If a prescription is required, select Rx Now.

					Exit	Queue	Queue & Ex		
pantoprazole sodium 20 mg tablet, delayed release substituting for (Pantoloc)									
							er 01		
Return to Search	*Dose	*Route	*Frequency	Duratio	n *()uantity	*Refills		
Modify Order	20 mg (1 tab)	PO	DAILY	N Duratio	n <u>1</u>	0 tabs	0		
Brand Names	Reason								
Alternatives	Max Daily Dose								
Monographs	Substitutions Allowed	Yes	Brand Panto	oloc					
Reference 🥡	Problem								
	Diannosis Code								

Once the reconciliation is complete, always use the Preview button to review the prescription list. Next select the Submit button.

OTHER AMBULATORY ORDE	RS PRESCRIPTIONS
	Reconcile
✓ Medications	By Generic Name 🔻
Home M	ledications
Continue All	
pantoprazole sodium [P mg tablet,delayed relea 	Pantoloc] 20 ase (DR/ Rx Now 🗹
20 mg PO	DAILY PRN
DURATION #10 tab	0 Ref
► New *Provider	7 Mt,Meditech
*Source	Written Order
Notes to Pharmacy	

Discharge Orders				FINALIZE		SUBMIT	6		
OTHER AMBULATORY ORDERS PRESCRIPTIONS									
Reconcile Add New				Preview					
New Rxs on Discharge: 3									
New	New 1) pantoprazole sodium [Pantoloc] 20 mg tablet,delayed release (DR/EC) 20 mg PO DAILY R								
Continue	continue 2) metformin 500 mg Tablet 500 mg PO BID 🕅								
Change	3) metop <i>fron</i> metop	prolol tartrate 25 r n prolol tartrate 25 r	ng Tablet ng Table	t 12.5 m t 25 mg	д (1 / РО ВІ	2 x 25 mg) P D	PO BID R		

The Order Summary overlay provides a final summary of changes. To SAVE enter an eSign PIN

Order Summary			SAVE	6
OTHER AMBULATORY ORDERS PRESCRIPTION	NS	[
ORDERS	DATE	STATUS	∧ ALL	
metoprolol tartrate 25 mg Tablet 12.5 mg (1/2 x 25 mg) ^{PO BID}	29/03/2021	New 👚	×	REG E
pantoprazole sodium [Pantoloc] 20 mg tablet,delayed release (DR/EC) 20 mg PO DAILY	29/03/2021	New 🛖	×	0g Blood
metformin 500 mg Tablet 500 mg PO BID	29/03/2021	Continue 👫	×	
metoprolol tartrate 25 mg Tablet 25 mg PO BI	ID 29/03/2021 29/03/2021 18:25	Stop 🔺	×	VEO

How to Print the Home Medication List

Once all medications are reconciled Rx orders are saved, to print the patient's Home Medication List, the prescriptions need to be Finalized.

Discharge Orders			FINALIZE		SUBMIT	0
THER AMBULATORY ORDERS	PRESCRIPTIONS					
	Confirmation					
	? Finalize patient's dis	charge medica	ation list. Ok?			
			Yes No)		
Prescriptions	metoprolol tartrate			P _x	New	
	pantoprazole sodium [Pantole 20 mg PO DAILY	oc]		R		Ŀ
	metformin 500 mg PO BID			R	Continued	Ŀ
	metoprolol tartrate 25 mg PO BID				Discontinued	

Now that the list is Finalized, the Home Medication list can be printed. To do so, select the printer icon in the upper right-hand corner and then select the option Print Section. The Discharge Reports overlay will present. Select the Home Medications Report by placing a checkmark in the box. Then select the Print button.

Discharge Reports	Cancel Print	Below is an example of a
		Home Medication List
Stand Alone Forms		Tepon
Visit Report		
Home Medications Report	Royal Victoria Regional Health Ho This	me Medication List Page: 1 of 1 is not a prescription. Date: 29/03/2021 22:45
Prescriptions	Patient: MIS,FIVE Medical Record Number: V000000062	- patient of categiver's use
Monographs	Account: VE0000137/20 Birthdate: 19700302	
Other Amb Orders	Please review the sections of this list regarding your medications or medic	t carefully, and if you have any questions al equipment/supplies, contact your primary
Patient Health Summary	care physician.	
Discharge Patient Reports	New M These are new medic	fedications (2) ations to start taking at home.
Discharge Report	1. metoprolol tartrate	2
Signature Page	John,Meditech Last Taken: Unknown	R _x
The second disales in	2. pantoprazole sodium [Pantoloo 20 mg oral daily John,Meditech Last Taken: Unknown	^c] ₽ _X
I he report displays	These are your current m	edications (1)
prescription associated with it and the Stop sign	3. metformin 500 mg oral twice daily John,Meditech Last Taken: Unknown	P _x
medications.	Discontinu These are medicat	ed Medications (1) ions to stop taking at home.
	** metoprolol tartrate 25 mg oral twice daily Completed Last Taken: Unknown This is not a prescription. This is for patient	or caregiver's use.

To print prescriptions, select the printer icon and then select Print Section. Then select Prescriptions from the Discharge Reports overlay and Print.

e 🖶 🗢	Discharge Reports	Cancel
Print Packet	Reports	Last Printed Date/Time
Drint Section	Instructions	
	Stand Alone Forms	
Transmit/Print	Visit Report	
	Home Medications Report	29/03/2021 22:45
	Prescriptions	

Below is an example of a Discharge Prescription report

			1 6 1
Royal	Victoria Regional Health	Discharge Prescription	Page: 1 OI 1
		This is a list of your prescriptions	Date: 29/03/2021 22:58
Pov	al Victoria Pegional H	calth	
201 G		carti	
Barrie	ON L4M 6M2		
	0.12.11.01.12		
M]	IS,FIVE		
201	GEORGIAN DRIVE	Health Card Number:	
BAR	RIE	Medical Record Number:	V00000062
L4M	6M2, ON	Account Number:	VE0000137/20
		DOB:	02/03/1970
Alle	rgies		
		Current medications (3)	
1.	metoprolol tartrate 12.5 mg oral twice daily John, Meditech		
2.	pantoprazole sodiur 20 mg oral daily John,Meditech	n [Pantoloc]	
3.	metformin 500 mg oral twice daily John,Meditech		
Presc	riber Signature:		Date: 29/03/2021
Presc	riber Name: Mt,Meditech		
Colleg	ge ID Number: MT_CPSO	- dt d d U	
(Each	prescription page must be	individually signed)	
Thie i	s the end of the proscription		
ins i	s the end of the prescription	13	

The prescription is printed and a hand written "wet" signature is applied to the prescription.

Discharge Plan Section 5: Conditions for Discharge

Use this free text field to enter details of the conditions for discharge to inform nursing of patient needs and processes that need to be completed before the patient leaves the hospital.

Conditions	for
Discharg	е

Click to Enter Conditions for Discharge

Booking Outpatient Clinical and/or Office Appointment Order:

To book an Outpatient appointment, access the Orders button on the Navigation Bar. Then search for the order "Booking Outpatient Clinic and/or Office Appointment." The completed order goes to the Nursing and Clerical worklist.

CURRENT 🔻	ENTER	RECONCILE	TRANSFER
	Add New	Process Orders	
vorites 💌 Orders Set	s 🔻 Search All		Filter: All
● > Booking Outpatie	nt Clinic and/or Office App	pointment	
✓ Order	* New	29/03/2021 14:52	
*Provider	Physician,ED		•
*Source	Written Order		•
Consulting Provider			• ×
Has provider been notified	Yes No		
*Outpatient Clinic or Appointment to be Booked			
*Reason for Outpatient Clinic Referral			
Health Card Number			
Patient's Phone Number	(705)727-9541		
Family Physician	Erica Sharone Weste		×

Once referral order is placed by the provider, the inpatient unit staff will transmit the request and book the appropriate clinic visit or physician office visit either by (the list below can be found in the order detail by expanding the CDS chevron):

- Calling to book the appointment
- Entering the order that is transmitted directly to the clinic
- Faxing/ sending the paper requisition
- If access allows, book directly through the Community Wide Scheduling (CWS) desktop

Ready for Discharge:

When the patient is eligible for discharge, select the "Ready for Discharge box at the top of the screen. Selecting this box will indicate on the receiving nurse's worklist that the patient is ready to be discharged. The Nurse will acknowledge the "Ready For Discharge" status.

Discharge Plan		Ready for Discharge:	Cancel Save	Save & Close	
	•			e •	
Discharge Problem	✓ Diabetes				
	✓ Hypertension				
Other Ambulatory Orders	US Doppler Carotid (Routine) Or Location: Determined by Patient Me				
More Detail					
Instructions	 Check glucose level with meter to determine if blood glucose is below 70mg/dL. Eat or drink 15 g of simple, concentrated carbohydrates. Wait 15 minutes. Check blood glucose again. Consume an additional 15 g carbohydrate if blood glucose is still below 70 mg/dL. Follow up with a light snack or meal once glucose is stable. Mild to moderate hypoglycemia can usually be reversed rapidly (within 5-10minutes). Avoid foods high in fat because they slow the absorption of carbohydrates. 				
Prescriptions	metoprolol tartrate		R	New	
	12.5 mg PO E pantoprazole sodium [P 20 mg PO D/	antoloc] AILY	R		
	metformin 500 mg PO E	ND	R	Continued	
	metoprolol tartrate 25 mg PO	BID		Discontinued	
Conditions for Discharge		Click to Enter Conditions fo	r Discharge		

Once the patient is discharged, the status will automatically change to Discharged and the registration status updates to DEP ER. The patient will fall off all trackers except My List and will have to be manually removed.

