

CARE4 Tip Sheet

How do I discharge a patient from Emergency?

Overview

This document provides instructions on how to discharge a patient using the EDM Tracker.

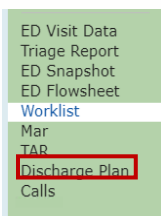
The discharge process is a multidisciplinary process, and all members of the team will populate the discharge plan.

Once the physician assesses the patient and determines they are Ready for Discharge, the status event updates in the **LOS Time/Status/Event Time** column of the EDM Tracker and **Ready for Discharge** will be populated.

Complete the Discharge assessment (generic) or any program specific discharge assessments.

For Emergency Patients:

- Open the EDM Tracker, find your patient, note if the Ready for Discharge indication is present. Open the patient's chart, Click **Discharge Plan** from the right column.



- All discharges from the ED, transfers to external facilities, and admissions to the OP, ICU, or inpatient units from the ED are documented from the Discharge Plan.
- Under the interventions section select the **ED Discharge Assessment**.
- Click in the box next to **ED Discharge Assessment** and click the **Doc** button. Complete the applicable fields and click **save and exit**.
- For patient going home prescriptions, instructions, and appointments maybe included.
- If applicable materials can be printed off for the patient by clicking the **Print Packet** button

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minrv,eds_0817
31 M 12/08/1990
EG ER RV,ORANGE RV10DRG-10-OZ
Code Status Not Ordered No Hx Avail
1.65m 65kg BSA:1.73m² BMI: 23.9kg/m²
Allergy/Adv: Penicillins
VE0000738/21
None
V000005925
E00012749

0 of 0 requirements met

Discharge Problem Search

Outpatient Imaging and Cardio
Respiratory Orders
(Edit) (A)
Instructions
(Edit) (D)

Prescriptions
(Edit) (A)
Other Prescriptions and Forms
(Add) (Remove)
Conditions for Discharge
(Edit) (D)

Interventions
(Add) (Remove)
(View)

Patient Disposition

ED Discharge Assessment

Admitted ICU or OR
 Admitted Inpatient
 Leave Against Medical Advice

USRR on Arrival
 Died in Facility
 Home with Support
 Private Home No Support
 Leave post registration
 Left Without Being Seen
 Left after initial assessment
 Suicide in Facility
 Transfer Correctional Facility
 Transfer Day Surgery
 Transfer to Emergency Dept
 Transfer to Grp or Supp Living
 Transfer to Non Acute Facility
 Transfer to Residential Care
 Transfer to Acute Facility
 Transfer to Outpatient Clinic

To Institution
Outpatient Clinic and/or Office
Appointment
(Add) (Remove) (Add/Ed)

Discharge Date/Time

Care Team Discharge History Print Packet Print By Type Reports

- Select the **Patient Disposition**, if being transferred to another facility click the carrot in the **To Institution** field. Select the correct institution from the pop-up list.
- To print off information to give to transport personnel, or a receiving facility click **Reports** and select the appropriate report from the pop-up list.

Name	Mnemonic
Active Medications	PC.MEDACT
Code Blue Report	PC.CODEBLU
Consults - Entire Visit	PC.CONSULT
Discharge Report	PM.DISCHAR
ED Audit ARCHIVE	ED.AUDIT
ED Visit Summary ARCHIVE ONLY	ED.SUMMARY
External Transf to Mental Hlth	PC.MHTRANS
External Transfer for Newborn	PC.NBTRANS
External Transfer from ED	PC.EDTRANS
External Transfer from ICU/CC	PC.TRANS
External Transfer from OB	PC.OBTRANS
External transfer from Paeds	PC.PAED
External Transfer General	PC.GENSIMP
External Transfer to LTC	PC.TLC
External Transfer to Rehab	PC.REHAB
External Transfer to Ret Home	PC.RETHOME
Home Meds	PC.HOMEMED
Home O2 Report	PC.HOMEO2
Labs	PC.LAB2WK
Medical Imaging - Entire Visit	PC.MIALL

- Enter the **date and time** that the patient left in the Discharge Date/Time field. Slick **Save**. **This should not be done before the patient departs.**