

Changes In SCM for March 30th

Meds Viewer Tab

Meds Viewer Tab will have all current and discontinued medications. You can sort by any column. This a "View only" you cannot DC or order from here:

TESTADT, TWO - Sunrise Acute Care

File Registration Edit View GoTo Actions Preferences Tools Help

TESTADT, TWO 377117 / 34002709 111y (01-01-1899) Male
258-A Testdoc, Admitting

Allergies:
Ht: 165.1 cm Wt: 57.2 kg (02-22-2010) BMI: TESTING 02-22-2010 ECC.

Patient List Orders Results Patient Info Documents Flowsheets Clinical Summary Chartmaxx **Meds Viewer**

Refresh Medication Orders 8 orders

Order Date/Time	Order Status	Medication	Dose	UOM	Route	Frequency	PRN	Start Date/Time	Stop Date/Time
03-15-2010 10:15	Active	Levalbuterol Nebulization Solution	0.63	milliGram	Nebulizer	Every 6 hours		03-15-2010 10:15	09-11-2010 23:59
03-02-2010 13:55	Active	Saliva Substitute	1	Each	Topical	ONCE		03-02-2010 13:55	08-29-2010 23:59
03-02-2010 12:19	Active	Idarubicin Injectable	10	milliGRAM	IntraVenous	ONCE		03-02-2010 12:19	08-29-2010 23:59
03-02-2010 12:19	Active	Idarubicin IV Piggy Back	20	milliGRAM	IntraVenous	ONCE		03-02-2010 12:19	08-29-2010 23:59
02-24-2010 08:53	Active	Insulin Glargine Injectable	80	Unit	SubCutaneo	Daily		02-24-2010 08:53	08-23-2010 23:59
02-24-2010 08:53	Active	Insulin Glulisine Injectable	20	Unit	SubCutaneo	2 times per da		02-24-2010 08:53	08-23-2010 23:59
03-15-2010 08:39	Rx Auto Discontin	Albuterol Nebulization 0.5% Soluti	2.5	milliGram	Nebulizer	ONCE		03-15-2010 08:39	03-15-2010 08:39
03-02-2010 11:06	Rx Auto Discontin	Bevacizumab IV Piggy Back	100	milliGRAM	IntraVenous	ONCE		03-02-2010 11:06	03-02-2010 11:13

When you click on the + it will show the administration history:

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Performed Date/Time	Task Name	Dose	UOM	Route	Performed By	Task Status
03-21-2010 09:20	Insulin Glargine Injectable {Ordered as LANTUS Inj	80	Unit	SubCutaneous	Sisson, Cecilia E	Performed
03-20-2010 09:11	Insulin Glargine Injectable {Ordered as LANTUS Inj	80	Unit	SubCutaneous	Sisson, Cecilia E	Performed
03-19-2010 09:08	Insulin Glargine Injectable {Ordered as LANTUS Inj	80	Unit	SubCutaneous	Sisson, Cecilia E	Performed

Order Date/Time	Order Status	Medication	Dose	UOM	Route	Frequency	PRN	Start Date/Time	Stop Date/Time
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03-02-2010 12:19	Rx Auto Discontin	Idarubicin Injectable	10	milliGRAM	IntraVenous	ONCE		03-02-2010 12:19	03-02-2010 12:30
03-02-2010 12:19	Rx Auto Discontin	Idarubicin IV Piggy Back	20	milliGRAM	IntraVenous	ONCE		03-02-2010 12:19	03-02-2010 12:15
03-02-2010 11:06	Rx Auto Discontin	Bevacizumab IV Piggy Back	100	milliGRAM	IntraVenous	ONCE		03-02-2010 11:06	03-02-2010 11:13

Nursing and Ancillary Documentation

All nursing and ancillary documentation will be in SCM; this includes: The “Patient Profile”, “24 hour Assessments”, Rehab services evaluations, etc. Below is an example of how Interdisciplinary notes will be displayed in the Documents tab:

The screenshot shows the 'Documents' tab for patient LONGHORN, LARRY. The table below lists the interdisciplinary notes:

Date	Document Name	Status	Last Updated By	Last Updated On	Authored
03-11-2010	KBC Occupational Therapy Ini...	Incomplete, General			Test, Rehab1 (RPT)
03-11-2010	KBC Physical Therapy Initial...	Incomplete, General			Test, Rehab1 (RPT)
03-11-2010	KBC Speech Language Pathol...	Complete, General	Test, Rehab1	03-11-2010 13:50	Test, Rehab1 (RPT)
03-10-2010	KBC Adult Patient Profile	Complete, General	Test, RNInpatient1	03-10-2010 10:24	Test, CNA1 (CNA)
03-10-2010	KBC Discharge Summary	Incomplete, General			Test, RNInpatient1 (RN)
03-09-2010	KBC Short Stay Profile	Complete, General	Test, PSTrn1	03-09-2010 11:03	Test, PSTrn1 (RN)
03-09-2010	PreOperative Checklist	Complete, General			Test, SurgicalServicesRN1 (RN)
03-09-2010	PST Note	Complete, General			Test, PSTrn1 (RN)

When you open the “Patient Profile” for viewing it will appear as below:

The screenshot shows the 'View Document Details' page for patient LONGHORN, LARRY. The patient information is as follows:

Patient Name: LONGHORN, LARRY MRN: 377626 / 34002907 Age: 43y (07-12-1966) Gender: Male
 Location: 483-A Provider: Testdoc, Attending

The document details are organized into sections:

- Substance Use:**
 - Substance Use: never used¹
 - Exposure to Second Hand Smoke: frequent¹
- Family History:**
 - Mother: deceased¹
 - Father: deceased¹
 - Grandparents: deceased¹
 - Siblings: living; deceased¹
 - Family History Comment: mother died of heart disease. Father died if stoke. One brother died of lung cancer¹
- Review of Systems:**
 - Neurological:**
 - Neurological Conditions/Symptoms: none¹
 - HEENT:**
 - Head Conditions/Symptoms: none¹
 - Eye Conditions/Symptoms: far sighted; near sighted¹
 - Vision Care: no¹
 - Nose Conditions/Symptoms: none¹
 - Mouth/Throat/Neck Conditions/Symptoms: none¹

Discharge Process

The "Patient Discharge Instructions" paper form will no longer be present. It will be replaced with the "KBC Discharge Summary" and a "Discharge Order" must be placed in SCM. We will have several specific discharge orders and a generic discharge order. The information entered in this order will populate the "KBC Discharge Summary". To enter a discharge diagnosis click on the icon next to 'discharge Diagnosis' field. (further instructions below)

DC General Post Op - LONGHORN, LARRY
Discharge Patient Post Op - LONGHORN, LARRY

Order: Discharge Patient Post Op Order ID: 001JMJ504 Ancillary ID:
Requested By: Testdoc, Attending Template Name:
Messages:
May Discharge If/When:
Discharge Diagnosis: 23968004 Colectomy (procedure)
Estimated Date of Discharge: 03-11-2010 Discharge Diet: Resume Normal Home Diet Additional Diet Instructions: Avoid foods causing flatus
DISCHARGE ACTIVITY: Dressing Instructions: Leave incision open to air NOTIFY PHYSICIAN FOR: Notify Physician For: Temp greater than 101.3 degrees, Redness, drainage from incision, Change in colostomy
May shower/wash incision in 24 hours: May shower/wash incision in 36 hours:
Additional Patient Instructions: Home Health for colostomy care
No tub baths, hot tubs, or swimming: Do not drive if taking pain medication:
Item Info Repeat View Document OK Close

A "Discharge Diagnosis" is required and the instructions for this are below:

Health Issue Manager | View - TESTADT, TWO
TESTADT, TWO 258-A Male 111y (01-01-1899)
No active allergies on record
Existing Health Issues - Newly added items (1) are shown in bold

Type	Code	Name	Status	Scope	Onset	Entered
<input checked="" type="checkbox"/> Problem List	570540	Acute myocardial infarction (d)	Active	This Chart		03-22-2010 10:03
<input type="checkbox"/> Admitting		TESTING	Active	This Visit		02-22-2010 12:02

Add New Health Issue
Select a Type: **Problem List** (highlighted)
Browse by Category: **Cardiology.Vascular** (highlighted)
Coding Scheme: SNOMEDCT
Find in Cardiology.Vascular:
Add (highlighted)
Save to Order (highlighted)

This will populate the 'Discharge Diagnosis' field in the Discharge order:

Discharge Patient Generic - TESTADT, TWO

Order: Discharge Patient Generic Order ID: 001JMK682

Requested By: Testdoc, Admitting Template Name:

Messages:

May Discharge If/When: Okay with Cardiology

Discharge Diagnosis: 57054005 Acute myocardial infarction (d)

Estimated Discharge Date: Discharge Diet: Cardiac

DISCHARGE ACTIVITY:

No restrictions.

Activity Instructions/Restrictions: Follow Cardiac Rehab Instructions

CONTACT PHYSICIAN FOR:

Temperature over 101 degrees F.

Chest pain or shortness of breath.

Notify Physician for Other:

Next Appointment: Next Appointment In: 1 month Primary Care Provider: Barth, John

Next Appointment Date: Next Appointment In: 1 week Other: McGraw, James

Item Info Repeat View Document Add Close

In the chart there will now be a "Discharge" tab on the right. Under this tab there will be temporary paper "Discharge Orders" until we have 100% CPOE, and an "Outpatient Orders" form for ordering tests after discharge:

Heart Failure Discharge - Page 1 of 1

PHYSICIAN'S ORDERS

Discharge Diagnosis: _____

Discharge
 Discharge If/When
 Estimated Discharge Date: _____

Diet

Resume normal home diet
 Regular Diet
 Cardiac Diet

Fluid Restriction

800 milliliters daily
 1000 milliliters daily
 1500 milliliters daily
 2000 milliliters daily
 2500 milliliters daily

Current Restrictive
 Current ADA
 No added salt
 Additional Diet Instructions: _____

Activity

No restrictions.
 No driving.

Other Instructions

Keep follow up appointments.
 Weigh daily and record.
 Check blood pressure/pulse as directed.

Notify Physician for:

Increasing shortness of breath.
 Increasing fatigue or swelling/edema.
 Weight gain of 5 pounds in 3 days.
 Any problems or questions.

Follow-up Appointments and Referrals:

Cardiologist: _____ Date: _____

Primary Care Provider: _____ Date: _____

Other: _____ Date: _____

Additional Patient Instructions:

Physician Signature _____ Date: _____ Time: _____

Standard orders are to be completed and individualized for each patient. Please indicate any changes above.
 Do Not Write Below This Line

DO NOT use these CPT abbreviations:
 000, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 015, 016, 017, 018, 019, 020, 021, 022, 023, 024, 025, 026, 027, 028, 029, 030, 031, 032, 033, 034, 035, 036, 037, 038, 039, 040, 041, 042, 043, 044, 045, 046, 047, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 080, 081, 082, 083, 084, 085, 086, 087, 088, 089, 090, 091, 092, 093, 094, 095, 096, 097, 098, 099, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

Physician's Orders
 60-268, 000000, 01/10

Patient sticker

Liberty Hospital
OUTPATIENT ORDER FORM

Physician's office to: Call scheduling to make an appointment - 616-792-7016
 Call insurance for pre-certification
 Complete form and sign
 Fax to scheduling - 616-792-7349

Patient Name _____ Ordering physician _____
 DOB _____ Home phone _____ Work phone _____
 Insurance _____ Contact _____ Pre-Certification # _____ Date called _____
 Diagnosis (required) _____ Test: Date _____ Time _____

Laboratory

ALT (SGOT) CEA level RPR
 Amylase CK-total SPEP
 Antinuclear antibodies (ANA) Creatinine PTa
 AST BSR TSH
 S-type natriuretic peptide Hemoglobin A1c (H1A1c) Panels
 Beta HCG, serum Hemoglobin BMP
 Bilirubin, direct Hemoglobin & Hematocrit CMP
 Bilirubin, total Phosphorus I Electrolytes
 BUN Platelet count Lipid panel
 C-reactive protein (CRP) Potassium Liver panel
 CA-125 _____ PSA Diagnostic Type and screen
 Calcium PSA Screening Type and cross _____ unit
 CBC PT/INR

Drug Screens

Carbamazepine (Tegretol) level Lamotrigine (Lamictal) level Phenobarbital level
 Phenytoin (Dilantin) level Valproic acid (Depakote) level Toxicology drug screen: serum urine

Urine Studies: Urinalysis with microscopy, culture if indicated UA Urine C&S

Other lab: _____

Diagnostic Tests

Cardiology Physician group reading

12-lead ECG Holter monitor-24 hr Holter monitor-48hr Holter monitor -7 day
 Echo: transthoracic transesophageal stress stress-Dobutamine

Diagnostic Imaging Creatinine if indicated

Chest xray, 1 view chest xray, 2 views UGI

Other xray: _____

CT: head chest abdomen pelvis Other: _____
 CT angiogram: coronary carotids, cerebral pulmonary renal
 CT aortogram, abdominal and iliofemoral Mammogram, diagnostic Bone density
 Mammogram, routine, screening, bilateral Mammogram, diagnostic Bone density
 MRA, head MRA, neck MRI: Cervical Doppler
 MRCP SBPT Barium Enema Barium enema, air contrast Barium Swallow Liver Biopsy
 PET scan Pulmonary ventilation/perfusion (V/Q scan)

Ultrasound: Abd. GB Pelvic, transvaginal if indicated Other: _____
 Venous Doppler: leg arm: left right bilateral
 Arterial Doppler: Upper Lower bilateral Carotid Doppler

Nuclear medicine Physician group reading (cardiology)

Ventriculogram, radionuclide (MUGA) Myocardial perfusion: Exercise Adenosine Dobutamine
 Bone scan Hipa scan Gastric emptying Renal scan Thyroid scan Other: _____

Other: _____

Polysomnography Split Polysomnography with O2/Positive Airway Pressure support
 Pulmonary function test Pre and Post Bronchodilator
 Electroencephalogram (EEG) Electrocardiogram (ECG) location: _____

Other: _____

Physician Signature _____ Date: _____

Physician's Orders
 60-268, 000000

Patient sticker

Upon discharge all patients will receive a printed "Patient Discharge Instructions"



Patient Discharge Instructions

LONGHORN, LARRY

377626 / 34002907

Appointments and Plan for Continued Care:
Lab or Other Tests:
Comments:

Diet: No Dietary instructions unless otherwise indicated.
Diet:
Special Instructions:

Activities: Resume usual activities unless otherwise indicated.
Activities:
Comments: Up as tolerated Do not lift greater than 10 pounds

Home Equipment and Community Services:
Equipment:
Services: home health
Home Health Services at Discharge: RN
Comments:

Additional Patient Instructions:
Comments:

Notify Physician immediately for any of the following signs and symptoms:

- If you have heaviness in the chest, palpitations, lightheadedness, weakness, sweateness, or nausea
- If you are on blood thinners and you start to bleed from your nose or gums, or see blood in your urine or stool
- If you have increased swelling in your ankles, legs, or stomach/abdomen

Discharge Medication Reconciliation

You will continue to do Discharge Medication Reconciliation on paper but the nurse will complete this process electronically

EST, VICKI L 406-A Female 39y (08-07-1970)
No Known Allergies

Home Medications Reconcile Orders View/Maintain History

Select a Reconciliation Type: Discharge Sort by: Therapeutic Category, Name

[Hide Home Medications](#) | [Clear ALL Reconciliations](#) [Check for New Orders](#)

Home Medications	Current Pre-Discharge Medications to Reconcile [7 of 20 reconciled]	Discharge Medications
Medication Details	Medications to Reconcile Status Comment	Medications Status
	Bupivacaine Epidural - WITH: NS 88.9 milliLiter Solution Concentration: 1/12 % Bupivaca... Active Not required post-discharge	
	Bupivacaine Epidural - WITH: NS 86.67 milliLiter Solution... Active Not required post-discharge	
	smoking cessation agents (0/2 reconciled)	smoking cessation agents
	Varenicline Tartrate - {Ordered as CHANTIX} Active Historical Order Give: 1 milliGram, Oral, 2 times...	
	Varenicline Tartrate Smoking Cessation - {Ordered as CHANTIX SMOKING CESSATION}...	
	No Category (0/5 reconciled)	No Category
	*Standard Total Parenteral Nutrition - With: Amino Acid 4.25 %... D5W - 1000 milliLiter IntraVenous	

Actions - Home Medications **Actions - Medications to Reconcile** **Actions - Discharge Medications**

View to Reconcile List	Show Details	Replace	Enter Order	Requested By
View and Convert to Discharge Order	Clear Reconciliation	Convert to Discharge Order	Modify Order	Session Type
View ALL to Reconcile List	Move back to Home Medications List	Reconcile with Existing Discharge Order	Show Details	
		Do Not Convert	Delete	

They will print out a "Patient Discharge Medications" list for the patients from the information entered during the "Discharge Medication Reconciliation".



Patient Discharge Medications

TEST, VICKI L


313177/34002634

Dear Patient,

Your physician wants you to take the following list of medications after your discharge from the hospital. Please take this list with you when you return to see your physician in the office so the list can be updated if needed. This form helps you remember all the medications you are taking. If you have any questions, please call your physician.

Begin taking these NEW Medications:								
Medication	AM	Lunch	Mid-Afternoon	Dinner	Bedtime	Next Dose	Comments	Gave Rx To:
Warfarin - Tablet (Known as COUMADIN) Give: 2.5 milliGram, Oral, <User Schedule> (every 1 week: Tue/17:00, Thu/17:00, Sat/17:00) NURSE INSTRUCTIONS: Drug/Food Teaching								

These are medications you were taking before coming to the hospital; you should continue taking these medications:								
Medication	AM	Lunch	Mid-Afternoon	Dinner	Bedtime	Next Dose	Comments	Gave Rx To:
Lisinopril - Tablet (Known as PRINIVIL) Give: 10 milliGram, Oral, Daily								
Pantoprazole - Enteric Coated Tablet (Ordered as PROTONIX) Give: 40 milliGram, Oral, Daily								
Varenicline Tartrate - (Ordered as CHANTIX) Give: 1 milliGram, Oral, 2 times per day								

 DO NOT take these medications any longer:								
Medication								
Furosemide - (Ordered as LASIX) Give: 40 milliGram, Oral, Daily								
Warfarin - (Known as COUMADIN) Give: 2.5 milliGram, Oral, <User Schedule> (every 1 week: Tue/10:00)								