DISCHARGE ORDERS to SNF/NF/HOME HEALTH

A-D-C   A  V-A-N-D-M-L-S

mnemonic (adapted)

A

Admit to:...

□ facility and □ physician who will follow

Diagnoses list: the hospital generated diagnoses, (do this only if a DC summary will not accompany patient) Goals is to send all patients with DC

Condition & note status (if known: if a DC summary will not accompany patient: list status at discharge of problems treated in hospital)

A

Allergies:... □ give adverse reaction in known

V

Vital signs: □ VS & weights (frequency) □ sit-stand/BP's if pertinent.

□ Sxs? □ criteria for calling & who to call

□ NH's usually have a routine of VS frequency such as weekly or monthly

Activity level: □ activities orders □ PTT □ OT

Write orders for NH orders should list: reason for therapy and goals.

□ QHTF & restrengthening for post-op is to regain

Nursing orders: e.g. skin care orders, ambulation etc.

□ diet (consistency, type (note many NH residents need only regular diet)

□ feeding instructions for swallowing disorders

□ speech therapy consults (if swallowing disorders are suspected)

□ include daily fluid by shift goal or IV if pertinent

LV fluids:... write only if needed, be sure receiving facility can do IV's

□ fluid goals (post) □ I & O's needed?

Meds:... □ try to write for q day or bid dosing when possible, crushed? liquids?

□ provide indications for each med. e.g. metoprolol (CHF)

□ food orders for antibiotics □ remember any respiratory meds

□ for narcotics or continuous meds, fax the orders in advance to the facility to avoid interruptions in therapy

Labs:... □ write indications for labs. Most NH have routine lab days, if not

□ critical write “next lab day” or in generalities such as “1-2 weeks”.

□ Avoid labs on Fridays & weekends if possible.

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S

Specifics: □ Respiratory therapy? □ O2? □ Nebes?

□ F/U appointments: who and when?

□ if NH resident Resume previous lab or therapies?

□ Accuchek?

□ SSF: renew previous meds?