

Your
Hospital's
Logo
Here

DISCHARGE ORDERS

PATIENT IDENTIFICATION

DISCHARGE ORDERS FOR:

DISCHARGE PHYSICIAN:

ACTIVITY:

NO RESTRICTIONS

RESTRICTIONS

MEDICATIONS:

Ejection Fraction: _____ % (CHF Patients only)

Ace Inhibitor: _____

Beta Blocker: _____

TREATMENT / PAIN MANAGEMENT:

CALL YOUR DOCTOR IF YOU HAVE:

DIET:

REGULAR _____ ** _____ CALORIE ADA _____ ** _____ Copy of diet given, as ordered by Physician
SOFT _____ ** _____ LOW SODIUM _____ ** OTHER _____

FOLLOW UP REFERRALS:

Patient Education Booklet: _____

Home Care: _____

Return to MD: _____

Other: _____

EQUIPMENT: Supplies can be bought at: _____

I HAVE RECEIVED THE ABOVE INSTRUCTIONS AND WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS

Discharging Physician's Signature

Date

Patient / Responsible Person's Signature

Physician's Phone

Discharging Nurse's Signature / Title

WHITE = Chart

YELLOW = Patient

PINK = Physician

PART OF THE MEDICAL RECORD