

Appendix Figure 3. Discharge orders form.

Last Name	First Name	Middle Initial
Account #	EMMI # (Unit #)	Discharge MD #
Date of Discharge ____/____/____	Date of Birth ____/____/____	MD Name (Last, First)

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|--------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Alta View | <input type="checkbox"/> Delta Community | <input type="checkbox"/> Logan Regional | <input type="checkbox"/> Sevier Valley |
| <input type="checkbox"/> American Fork | <input type="checkbox"/> Dixie Regional | <input type="checkbox"/> McKay-Dee | <input type="checkbox"/> Utah Valley |
| <input type="checkbox"/> Bear River Valley | <input type="checkbox"/> Fillmore Community | <input type="checkbox"/> Orem Community | <input type="checkbox"/> Valley View |
| <input type="checkbox"/> Cassia Regional | <input type="checkbox"/> Heber Valley | <input type="checkbox"/> Sanpete Valley | <input type="checkbox"/> Wasatch County |
| <input type="checkbox"/> Cottonwood | <input type="checkbox"/> LDS Hospital | | |

Diagnosis	Discharge	Contraindications/Exclusions
<input type="checkbox"/> CAD <i>(with or without MI)</i>	ASA / Antiplatelet <input type="checkbox"/> Yes – ASA <input type="checkbox"/> Yes – Antiplatelet <input type="checkbox"/> No	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> Other _____ <input type="checkbox"/> DC on Warfarin <input type="checkbox"/> Recent GI Bleed
	HmG Agent <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lipid Lowering Agent	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> LDL <100 <input type="checkbox"/> Other _____
	ACE Inhibitor (ARB) <input type="checkbox"/> Yes – ACE <input type="checkbox"/> Yes – ARB <input type="checkbox"/> No	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> Hypotension <input type="checkbox"/> Moderate or severe aortic stenosis <input type="checkbox"/> Other _____ <input type="checkbox"/> Renal failure <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Renal stenosis
<input type="checkbox"/> Post Acute MI	Beta Blocker <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> Hypotension <input type="checkbox"/> Bradycardia or heart block <input type="checkbox"/> Severe HF / low output <input type="checkbox"/> Asthma / COPD <input type="checkbox"/> Other _____
<input type="checkbox"/> Heart Failure <input type="checkbox"/> EF < 40% EF % _____ EF Source _____ <input type="checkbox"/> EF Planned after DC± <input type="checkbox"/> EF Not done reason ‡ _____ <input type="checkbox"/> Diastolic dysfunction Heart Failure Education	ACE Inhibitor (ARB) <input type="checkbox"/> Yes – ACE <input type="checkbox"/> Yes – ARB <input type="checkbox"/> No	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> Hypotension <input type="checkbox"/> Moderate or severe aortic stenosis <input type="checkbox"/> Other _____ All HF Pts <input type="checkbox"/> Renal Failure <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Renal stenosis
	<input type="checkbox"/> Diet <input type="checkbox"/> Weight <input type="checkbox"/> Medication management <input type="checkbox"/> Symptoms <input type="checkbox"/> When to call MD <input type="checkbox"/> Follow-up appointment <input type="checkbox"/> Activity	‡For Heart Failure patients, if an EF has not been done w/in one year, you must indicate if it is planned for a f/u visit after hospitalization or put a reason why EF was not done, if available. If unknown, mark unknown. "MAWDS" education covers all HF education except f/u appointment.
<input type="checkbox"/> Atrial Fibrillation @ Discharge	Warfarin (Coumadin) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None documented <input type="checkbox"/> Allergy <input type="checkbox"/> Age < 65 and no structural heart disease <input type="checkbox"/> H/O significant bleeding <input type="checkbox"/> History of frequent falls <input type="checkbox"/> Other _____
Smoking Cessation <input type="checkbox"/> Current smoker** <input type="checkbox"/> Non-smoker <input type="checkbox"/> Past smoker	Education <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Smoking history unknown **Current smoker-smoked within 1 year

Confidential: Prepared pursuant to Utah Annotated Code 26-25-1 & Idaho Annotated Code 39-1392 for the improvement of quality of hospital & physician and IS NOT PART of the medical record.

Category	Drug Names	Category	Drug Names
Aspirin	Aspirin (Also in Aggrenox®) ASA Ecotrin® Ascriptin®	Antiplatelet	Cilostazol (Pletal®) Clopidogrel (Plavix®) Dipyridamole (Persantine®, Aggrenox®) Ticlopidine (Ticlid®)
HmG/Statins	Atorvastatin (Lipitor®) Fluvastatin (Lescol®) Lovastatin (Mevacor®, Advicor®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)	Beta Blockers	Acebutolol (Sectral®) Atenolol (Tenormin®, Tenoretic®) Betaxolol (Kerlone®) Bisoprolol (Zebeta®, Ziac®) Carteolol (Cartrol®) Carvedilol (Coreg®) Labetalol (Trandate®, Normodyne®) Metoprolol (Lopressor®, Toprol XL®) Nadolol (Corgard®, Corzide®) Penbutolol (Levato®) Pindolol (Visken®) Propranolol (Inderal®, Inderal-LA®, Inderide®) Sotalol (Betapace®) Timolol (Blocadren, Timolide®)
Lipid Lowering Mark no - list as other on form	Colesevlam (Welchol®) Colestipol (Colestid®) Cholestyramine (Questran®, Prevalite®, LoCHOLEST®) Clofibrate (Atromid-S®) Gemfibrozil (Lopid®) Ezetimibe (Zetia®) Fenofibrate (Tricor®) Nicotinic Acid (Niacin®) Niacin, Extended-release (Niaspan®)		
ACE Inhibitors	Benazepril (Lotensin®, Lotrel®) Captopril (Capoten®, Capozide®) Enalapril (Vasotec®, Vasoretic®, Teczem®, Lexxel®) Fosinopril (Monopril®) Lisonopril (Prinivil®, Zestril®, Prinzide®, Zestoretic®) Moexipril (Univasc®, Uniretic®) Perindopril (Aceon®) Quinapril (Accupril®) Ramipril (Altace®) Trandolapril (Mavik®, Tarka®)	ARBs	Candesartan (Atacand®) Eprosartan (Teveten®) Irbesartan (Avapro®) Losartan (Cozaar®, Hyzaar®) Olmesartan (Benicar®) Telmisartan (Micardis®) Valsartan (Diovan®)

Drug	Other Contraindications as defined by JCAHO/HCFA Core Measures	
Aspirin	<ul style="list-style-type: none"> Intolerance to aspirin Active bleeding other than GI 	<ul style="list-style-type: none"> Taking NSAID Patient refuses
HmG Agents		
Beta Blocker	<ul style="list-style-type: none"> Intolerance to beta blockers Bradycardia (heart rate <60 bpm) while not on a beta blocker 	<ul style="list-style-type: none"> Systolic blood pressure <100 mmHG PR intervals greater than 0.24 seconds on ECG Bifascicular block on ECG
ACE	<ul style="list-style-type: none"> Intolerance to ACE inhibitor Hyperkalemia 	<ul style="list-style-type: none"> History of angioedema, hives, or rash with ACE inhibitor use
Coumadin	<ul style="list-style-type: none"> Intolerance to warfarin An isolated or single episode of atrial fibrillation that does not recur Induced atrial fibrillation Perioperative atrial fibrillation Platelet dysfunction Vascular malformation Thyrototoxicosis 	<ul style="list-style-type: none"> Blood dyscrasia Active cancer Liver disease Terminal illness Seizure disorder Inability to cooperate with course of treatment Other reason physician documented End stage renal disease

Ejection Fraction Sources	IHC Cath Lab IHC Echo IHC MUGA Non-IHC facility transfer information Physican notation Planned after Discharge as f/u	EF Ranges if EF described in Text (source is "estimated" for these patients) Mild = 44 Moderate = 30 Severe = 29 If range is given, pick midpoint of range. If multiple EFs, (cath, echo, etc.) pick lowest
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ACEI = angiotensin-converting enzyme inhibitor; ADA = American Diabetes Association; AHA = American Heart Association; AMI = acute myocardial infarction; ARB = angiotensin-receptor blocker; ASA = aspirin; CAD = coronary artery disease; DNS = do not substitute; EF = ejection fraction; HF = heart failure; LDL = low-density lipoprotein; MD = physician; N/A = not applicable; NR = no refills; prn = as needed; PTCA = percutaneous transluminal coronary angioplasty; Qty = quantity; R/A = room air.