



General Discharge Orders

Original Date	04/2008	Revision Date	08/2011	Withdrawn Date	
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Diagnosis: Primary: _____

Secondary: _____

Allergies: NKDA Other _____

Discharge to: Home Other _____

Condition: Good Fair Poor

Diet: Diabetic Calories _____ Cardiac Regular Other _____

Activity: Bed rest Modified Bed rest As tolerated No limitations Other _____

Oxygen: @ _____ via _____ to keep saturation > _____% Home O2 _____

Home Health referral: Yes No / AccuChecks: AC & HS Daily Other _____

Medications:

See Medication Reconciliation

Consider Aspirin daily: If vascular disease present or if diabetic

Stop Smoking

Other discharge instructions: _____

Follow up:

Primary Care Physician _____ When _____

Laboratory Tests _____ When _____

Radiology _____ When _____

Referral _____ When _____

Keep scheduled appointments

RLMC hospital campus will schedule follow up appointments prior to discharge Monday through Friday.

- If Saturday, Sunday, holiday, or after hours; orders will be faxed to 285-6275 with attention to scheduling.
- If the patient's primary provider is at RLMC fax copy of Med Reconciliation to 285-6275. If primary provider is at LMC fax copy to 218-278-6637
- For all other patients, ensure the patient has a copy of the Medication Reconciliation with instructions to present it to their provider.

Nurse to complete clinical information below

Physician Signature

Date

Time

Patients Current Contact Number: _____

Is it ok to schedule the patient with a provider other than their own provider? Yes No

Discharge Orders and Med Rec faxed to provider? Yes No