

**IP - Lung Transplant - Adult - Discharge [4849]****Skilled Nursing Facility Orders**

This Patient is going to a skilled nursing facility, directly below is a group of orders commonly associated with this patient population. Please review the orders below and select the appropriate ones for this patient. If this patient is not going to a SNF, contact Case Management to update the discharge plan. Updating the discharge plan will remove this set of SNF orders from the order set.

**Skilled Nursing Facility Certification Statement [114940]**

Facility Certification Statement [NURCOM0069] Routine

**Skilled Nursing Facility Certification Statement [118260]**

Facility Certification Statement [NURCOM0069] Routine

**Skilled Nursing Facility Admit Order [114941]**

Admit to Skilled Nursing Facility [ADT0015] Routine

**Skilled Nursing Facility Admit Order [118261]**

Admit to Skilled Nursing Facility [ADT0015] Routine

**Skilled Nursing Facility Patient Care Orders [111713]**

For dyspnea, Oxygen at 2 L/minute per nasal canula; If this is an acute change for the patient call PCP with assessment ASAP after oxygen is started. Suction PRN to clear airways. [NURCOM0022] Routine

DME - Home Oxygen [1009468]

Length of Need:

Patient's O2 Requirements Assessed and Meets

Criteria for Home O2:

Delivery Device:

Equipment Needed:

Continuous (liters/min):

Continuous (FiO2):

With Activity (liters/min):

With Activity (FiO2):

With Sleep (liters/min):

With Sleep (FiO2):

Length of Need:

Vendor:

Length of Need:

Formal Sleep Study Completed:

Diagnosis:

CPAP Pressure (cmH2O):

Oxygen Bleed-In (Liters/min):

Oxygen Bleed-In (FiO2):

If New Prescription for Oxygen Bleed-In, Patient's O2 Requirements Assessed and Meets Criteria for Home O2:

Vendor:

Vendor City:

Vendor Phone:

Vendor Fax:

DME - CPAP [1009443]

DME - BiPAP (S) [1009441]

Length of Need:

Patient Has Been Assessed and Meets Criteria for Home BiPAP (S):

Diagnosis:

BiPAP Pressure - IPAP - Inspiratory Pressure (cmH<sub>2</sub>O):

BiPAP Pressure - EPAP - Expiratory Pressure (cmH<sub>2</sub>O):

Oxygen Bleed-In (Liters/min):

Oxygen Bleed-In (FiO<sub>2</sub>):

If New Prescription for Oxygen Bleed-In, Patient's O<sub>2</sub> Requirements Assesd and Meets Criteria for Home O<sub>2</sub>:

Vendor:

Vendor City:

Vendor Phone:

Vendor Fax:

DME - BiPAP (S/T) [1009442]

Length of Need:

Patient Has Been Assessed and Meets Criteria for Home BiPAP (S/T):

Diagnosis:

Respiratory Rate:

BiPAP Pressure - IPAP - Inspiratory Pressure (cmH<sub>2</sub>O):

BiPAP Pressure - EPAP - Expiratory Pressure (cmH<sub>2</sub>O):

Oxygen Bleed-In (Liters/min):

Oxygen Bleed-In (FiO<sub>2</sub>):

If New Prescription for Oxygen Bleed-In, Patient's O<sub>2</sub> Requirements Assesd and Meets Criteria for Home O<sub>2</sub>:

Vendor:

Vendor City:

Vendor Phone:

Vendor Fax:

Patient may self administer medication per RN assessment [NURCOM0022]

Patient medications (per Skilled Nursing Facility policy) may be left at bedside [NURCOM0022]

#### Facility Therapy Needs [113391]

Physical Therapy to Evaluate and Treat at Next Facility [NURCOM0022]

Occupational Therapy to Evaluate and Treat at Next Facility [NURCOM0022]

Speech Therapy to Evaluate and Treat at Next Facility [NURCOM0022]

#### Communicable Diseases [111717]

**Wisconsin:** WI state law (DSH 132.52) requires at least one of the following statements be checked for your patient. May check both if applicable.

**Illinois:** Select only for dialysis patients.

DHS 132.52

**URL:** [http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/110/132/V/52](http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132/V/52)

Patient has been screened for TB within the last 90 days prior to admission and does not have any other clinically apparent communicable diseases. [NURCOM0022]

Routine

Routine

Routine

Routine

Routine

Routine

|   |  |  |
|---|--|--|
| <input type="checkbox"/>  | Patient has been found to have a communicable disease, procedures to treat and limit the spread of the disease have been ordered.<br>[NURCOM0022]                  | Routine  |
| <b>Communicable Diseases [118262]</b>   |  |  |
| <b>Wisconsin:</b> WI state law (DSH 132.52) requires at least one of the following statements be checked for your patient. May check both if applicable.                      |  |  |
| <b>Illinois:</b> Select only for dialysis patients.   |  |  |
| <u>DHS 132.52</u> <b>URL:</b> <a href="http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132/V/52">http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132/V/52</a> |  |  |
| <input type="checkbox"/>  | Patient has been screened for TB within the last 90 days prior to admission and does not have any other clinically apparent communicable diseases.<br>[NURCOM0022] | Routine  |
| <input type="checkbox"/>  | Patient has been found to have a communicable disease, procedures to treat and limit the spread of the disease have been ordered.<br>[NURCOM0022]                  | Routine  |
| <b>Analgesics [111708]</b>  |  |  |
| <input checked="" type="checkbox"/>   | acetaMINOPHEN (TYLENOL) tab [34149]  | 650 mg, 1 tab, 1, starting 1/16/20, No Print   |
| <input checked="" type="checkbox"/>   | acetaMINOPHEN (TYLENOL) suppository [34153]  | 650 mg, 1 suppository, 1, starting 1/16/20, No Print   |
| <b>Blood Glucose Management [111710]</b>  |  |  |
| <input type="checkbox"/>  | glucagon 1 mg injection kit [107799]   | 1 mg, 1 each, 1, starting 1/16/20, No Print  |
| <input type="checkbox"/>  | Glucose 40 % oral gel [118089]   | 10 g, 1 Tube, 1, starting 1/16/20, No Print  |
| <input type="checkbox"/>  | Nursing Communication [NURCOM0022]   | Routine, Notify {Notify for Blood Glucose:3004146} if blood glucose is greater than 400 mg/dL or less than 40 mg/dL  |
| <input type="checkbox"/>  | Diabetes Care Instructions [NURCOM0112]  | Routine, - Patient's blood glucose goal range before meals is *** mg/dL.<br>- Monitor patient's blood glucose {Glucose Monitoring Frequency:25242}.<br>- If your patient's blood glucoses are uncontrolled contact provider.<br>- "Uncontrolled" blood glucoses mean:<br>* Blood glucose above 150 mg/dL more than half the time during a week.<br>* Blood glucose over *** mg/dL.<br>* Blood glucose less than 70 mg/dL two or more times per week (or if having signs/symptoms of low blood glucose such as shaking, sweating, or light-headedness). |
| <b>Bowel Management [111709]</b>  |  |  |
| <input checked="" type="checkbox"/>   | bisacodyl (DULCOLAX) rectal suppository [35231]  | 10 mg, 1 suppository, 1, starting 1/16/20, No Print  |
| <input checked="" type="checkbox"/>   | Senna-Docusate Sodium 8.6-50 MG per tab [70181]  | 1-2 tab, 1 tab, 1, starting 1/16/20, No Print  |
| <input type="checkbox"/>  | magnesium hydroxide (MILK OF MAGNESIA) susp [65443]  | 30 mL, 1 Bottle, 1, starting 1/16/20, No Print   |
| <input type="checkbox"/>  | polyethylene glycol (MIRALAX) oral powder [61353]  | 17 g, 1 Bottle, 1, starting 1/16/20, No Print  |
| <b>Non-categorized Medications [111711]</b>   |  |  |
| <input type="checkbox"/>  | guaifenesin-dextroMETHORPHAN (ROBITUSSIN DM) syrup [51568]   | 10 mL, 1 Bottle, 1, starting 1/16/20, No Print   |
| <input type="checkbox"/>  | carbamide peroxide (DEBROX) 6.5% otic soln [35545]   | 3 drop, 1 Bottle, 1, starting 1/16/20 until 1/21/20, No Print  |
| <input type="checkbox"/>  | alum-mag-simeth (MYLANTA ES) susp [44073]  | 30 mL, 1 Bottle, 1, starting 1/16/20, No Print   |

## Patient Care Orders

### Confirmed Discharge Date/Time [151653]

Confirmed Discharge Date/Time [ADT0013]

Confirmed Discharge Date:  
Confirmed Discharge Time:  
Conditions for Discharge:  
Provider to be Present at Discharge?

### Reason For Hospitalization [130312]

Why You Were Hospitalized [NURCOM0073]

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan., Routine

### Activity [130313]

Activity [NURACT0008]

Routine  
Discharge Activity: See Instructions  
- Do not lift more than 10 lbs for 4 weeks or until cleared for additional weight lifting  
- Do not drive for 6 weeks or while on opioids

### Nutrition [130314]

Diet [NUT8888]

Routine  
General:  
Diet Modifications:  
Organization:

### Respiratory [130315]

DME - Home Oxygen [142943]

Both of the following orders MUST be completed in order for this DME to be delivered to the patient.

New reimbursement requirements in 2013 require that a physician, PA, NP, or CNS has a face-to-face encounter with a patient prior to ordering certain durable medical equipment (DME). It also requires that the DME supplier be provided with the documentation of the face-to-face encounter and a signed order prior to delivery of the DME.

DME - Home Oxygen [1009468]

Length of Need:  
Patient's O2 Requirements Assessed and Meets  
Criteria for Home O2:  
Delivery Device:  
Equipment Needed:  
Continuous (liters/min):  
Continuous (FiO2):  
With Activity (liters/min):  
With Activity (FiO2):  
With Sleep (liters/min):  
With Sleep (FiO2):  
Length of Need:  
Vendor:  
Details

DME - Home Oxygen Justification [1009463]

Schedule Appointment With Sleep Lab [NURCOM0026]

Reason for Hospital Follow Up Appointment: To determine if patient has sleep apnea that needs to be treated with night CPAP  
Which Provider: Other Provider or Specialist  
When do you want appointment:  
Which Clinic or Specialty: Sleep Lab

### Wound Care [130316]

Wound Care [NURWND0015]

Routine, - Keep incision clean and dry.  
 - Wash incision daily with soap and water and change dressing daily.  
 - May leave incision open to air once drainage has stopped.  
 - Do not immerse incision in water (pool, spa, bath) until skin has completely healed.  
 - May take shower 48hours after last chest tube removed.

**Bladder Care [130317]** Bladder Care [NURELM0067]

Routine

**Bowel Care [130318]** Bowel Care [NURELM0068]

Routine

**Other Patient Care Instructions [130319]** Other Discharge Patient Care Instructions [NURCOM0071]

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan., Routine, - Continue to monitor vitals and spirometry twice daily.  
 - Remember to wear duckbill mask in the appropriate locations including: medical facilities, construction sites, working in the garden, doing yard work or any location where you suspect exposure to dust or dirt in the air  
 - Plan to follow up in lung transplant clinic in \*\*\*.  
 Should have PFTs, 6 min walk, labs and CXR prior to visit.

**When to Call Your Doctor [130320]** When to Call Your Doctor [NURCOM0079]

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan.

You should include specific instructions on when and who to call.  
 You should include actual provider names (i.e. not 'PCP').  
 You should NOT include the discharging unit as a contact., Routine, Call your transplant coordinator at 608-262-8915 with any questions, concerns, worsening or new symptoms or if you have any of the following symptoms:  
 - Increased pain, not relieved by medication  
 - Increased pain and redness around your incision  
 - Fever over 100.5 degrees for 24 hours  
 - Increased shortness of breath  
 - Weight gain as directed  
 - Decline in spirometry

**Heart Failure Recommended Care**

These order groups are showing because either your patient has an EF < 40% documented or has Heart Failure on their problem list.

[UW Health HF guideline](#)

**URL:** <https://uconnect.wisc.edu/clinical/cckm-tools/content/cpg/cardiovascular/name-97485-en.cckm>

**Heart Failure Discharge Instructions [190359]** Weigh yourself daily or as directed [NURCOM0071]

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan., Routine

When to Call Your Doctor [NURCOM0079]

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan.

You should include specific instructions on when and who to call.

You should include actual provider names (i.e. not 'PCP').

You should NOT include the discharging unit as a contact., Routine, Call your doctor if you have any of these symptoms as they may indicate worsening Heart Failure:

- Increased shortness of breath
- Cough or chest congestion
- Swelling in your abdomen or legs
- Any increase or decrease in weight of more than 3 pounds in a day or 5 pounds total

Please complete in PATIENT FRIENDLY terms. This order will appear on the patient's After Hospital Care Plan., Routine

- If you do not have a scheduled return appointment, please schedule an appointment with your primary physician [NURCOM0071]

**Core Measure Documentation - ACE Inhibitor/ARB (Single Response) [150651]**

Core Measures - This Does NOT Generate A Medication Order (Use Med Reconciliation To Prescribe Medications)

- ACE Inhibitor/ARB Reason Not Ordered [COR0001]

ONCE, Starting today For 1 Occurrences, Routine Reason Not Ordered:

- ACE Inhibitor/ARB Already Ordered [COR0001]

ONCE, Starting today For 1 Occurrences, Routine Reason Not Ordered: Other (Comments required for not ordering BOTH an ACEI and an ARB) (Already Ordered)

**Medications****Bisphosphonates - Prescriptions [206389]**

Do not order if creatinine clearance is less than 30 mL/min.

- alendronate (FOSAMAX) tab [720002] 70 mg, Oral, EVERY 7 DAYS

**Follow-Up Referrals****Follow-Up Appointments - Cardiac Rehab (Single Response) [130321]**

**Outpatient Cardiac Rehab is recommended. Please select one of the following.**

- Referral Cardiac Rehab (Outpatient) [CON0174]

All patients being discharged from UWHC IP CVM with the following diagnoses should receive a referral for outpatient cardiac rehab:

Acute Myocardial Infarction (STEMI, NSTEMI (Type 1 or 2), Chronic Stable Angina, Coronary Artery Bypass Surgery, Valve Surgery (repair, replacement, TAVR), Percutaneous Coronary Angioplasty or Stenting, Heart Transplant, or Chronic Systolic Heart Failure.

Typically, the initial outpatient cardiac rehab appointments occur 1-4 weeks post-hospitalization. Inpatient Preventive Cardiology staff clinicians will refer to the nearest cardiac rehab program . Please call 263-6630 with any questions., Routine Organization:

- Reason Cardiac Rehab Not Ordered [COR0027]

Routine Reason Not Ordered:



**Follow-Up Appointments - Cardiac Rehab [130322]** Referral Cardiac Rehab (Outpatient) [CON0174]

All patients being discharged from UWHC IP CVM with the following diagnoses should receive a referral for outpatient cardiac rehab:  
 Acute Myocardial Infarction (STEMI, NSTEMI (Type 1 or 2), Chronic Stable Angina, Coronary Artery Bypass Surgery,  
 Valve Surgery (repair, replacement, TAVR), Percutaneous Coronary Angioplasty or Stenting, Heart Transplant, or Chronic Systolic Heart Failure.

Typically, the initial outpatient cardiac rehab appointments occur 1-4 weeks post-hospitalization. Inpatient Preventive Cardiology staff clinicians will refer to the nearest cardiac rehab program . Please call 263-6630 with any questions., Routine Organization:

**Follow-Up Care****Follow-Up Appointments [130323]** Schedule Appointment With Physical Therapy [NURCOM0026]

Reason for Hospital Follow Up Appointment:  
 Which Provider: Patient's Specific PCP/Care Team  
 When do you want appointment:

 Schedule Appointment With Occupational Therapy [NURCOM0026]

Which Clinic or Specialty: Physical Therapy  
 Reason for Hospital Follow Up Appointment:  
 Which Provider: Patient's Specific PCP/Care Team  
 When do you want appointment:

 Schedule Appointment With Speech Therapy [NURCOM0026]

Which Clinic or Specialty: Occupational Therapy  
 Reason for Hospital Follow Up Appointment:  
 Which Provider: Patient's Specific PCP/Care Team  
 When do you want appointment:

 Schedule Appointment [NURCOM0026]

Which Clinic or Specialty: Speech Therapy  
 Reason for Hospital Follow Up Appointment: Lung transplant follow up  
 Which Provider: Other Provider or Specialist  
 When do you want appointment: 1-2 weeks  
 Which Clinic or Specialty: Pulmonary or Lung Transplant  
 Patient should have 6 minute walk, PFTs, and chest x-ray prior to appointment.

 Schedule Appointment [NURCOM0026]

Reason for Hospital Follow Up Appointment:  
 Which Provider:

 Schedule Appointment [NURCOM0026]

Reason for Hospital Follow Up Appointment:  
 Which Provider:

 Patient to Schedule Appointment [NURCOM0026]

Reason for Hospital Follow Up Appointment:  
 Which Provider:

**Follow Up Appointments - Diabetes (Single Response) [148552]**

\*\*\* RESPONSE REQUIRED \*\*\* This order facilitates documentation (only) about follow-up appointments for patients with diabetes. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., discharge to a skilled nursing facility, patient refusal, etc.). Only select "Appointment Scheduled" if an appointment has already been scheduled, and use the Schedule Appointment order as needed to request assistance in scheduling

 Schedule Appointment with Provider to Manage Diabetes [248755]

Schedule Appointment [NURCOM0026]

Appointment scheduled (with provider who can manage diabetes) [COR0064]

Appointment scheduled per patient report (ENTER DATE IN COMMENTS) [COR0064]

Appointment pending: patient discharged on weekend; follow-up information provided [COR0064]

Reason for Hospital Follow Up Appointment:

Diabetes management

Which Provider:

ONCE For 1 Occurrences, Routine, 1. This order facilitates documentation (only) about follow-up appointments for patients with diabetes.

2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)

3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.

4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.

Documentation (required): Appointment scheduled (with provider who can manage diabetes)

ONCE, Starting today For 1 Occurrences, Routine, 1. This order facilitates documentation (only) about follow-up appointments for patients with diabetes.

2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)

3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.

4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.

Documentation (required): Appointment scheduled per patient report (ENTER DATE)

Date of appointment (Month/Year):

ONCE, Starting today For 1 Occurrences, Routine, 1. This order facilitates documentation (only) about follow-up appointments for patients with diabetes.

2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)

3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.


4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.

Documentation (required): Appointment pending: patient discharged on weekend; follow-up information provided




 Free clinic information provided [COR0064]

ONCE, Starting today For 1 Occurrences, Routine, 1.  
 This order facilitates documentation (only) about follow-up appointments for patients with diabetes.  
 2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)  
 3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.  
 4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.  
 Documentation (required): Free clinic information provided

 No appointment: Patient discharging to a facility (e.g., skilled nursing facility, correctional facility, etc.) [COR0064]

ONCE, Starting today For 1 Occurrences, Routine, 1.  
 This order facilitates documentation (only) about follow-up appointments for patients with diabetes.  
 2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)  
 3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.  
 4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.  
 Documentation (required): No appointment: Patient discharging to a facility (e.g., skilled nursing facility, correctional facility, etc.)

 No appointment: Patient refusal [COR0064]

ONCE, Starting today For 1 Occurrences, Routine, 1.  
 This order facilitates documentation (only) about follow-up appointments for patients with diabetes.  
 2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)  
 3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.  
 4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.  
 Documentation (required): No appointment: Patient refusal

No appointment: Patient does not have diabetes  
[COR0064]

ONCE, Starting today For 1 Occurrences, Routine, 1.  
This order facilitates documentation (only) about follow-up appointments for patients with diabetes.  
2. Scheduling an appointment before discharge with a provider who will manage a patient's diabetes care (e.g., primary care physician, endocrinologist, etc.) is a Joint Commission requirement. Exclusions are allowed based upon patient situation (e.g., patient discharging to a skilled nursing facility, patient refusal, etc.)  
3. Only select "Appointment Scheduled" if an appointment has already been scheduled with a provider who can manage patient's diabetes.  
4. Use the Schedule Appointment order as needed to request assistance in scheduling an appointment.  
Documentation (required): No appointment: Patient does not have diabetes

#### Facility Therapy Needs [130324]

Continue Physical Therapy at Next Facility  
[NURCOM0022]

Routine

Continue Occupational Therapy at Next Facility  
[NURCOM0022]

Routine

Continue Speech Therapy at Next Facility  
[NURCOM0022]

Routine

#### Discharge Labs [134929]

Please use the table below to determine what type of order to use to place discharge lab orders.

| Who is Responsible for the Result? | Where Will Labs be Completed?     | What Order Should You Use?   |
|------------------------------------|-----------------------------------|--|
| Current Attending Provider         | UW Health/SwedishAmerican Lab     | Specific lab orders (A)  |
|                                    | Non-UW Health/SwedishAmerican Lab | Specific lab orders with order class changed to OUTSIDE (B)  |
| Current Consulting Provider        | UW Health/SwedishAmerican Lab     | Specific lab orders with AUTHORIZING PROVIDER CHANGED TO CONSULTANT (A)                                    |
|                                    | Non-UW Health/SwedishAmerican Lab | Specific lab orders with order class changed to OUTSIDE and AUTHORIZING PROVIDER CHANGED TO CONSULTANT (B) |
| Another Provider                   | UW Health/SwedishAmerican Lab     | Recommended Discharge Labs (C)   |
|                                    | Non-UW Health/SwedishAmerican Lab | Recommended Discharge Labs (C)   |

**(A) SPECIFIC LAB ORDERS:**

These orders should be used if the CURRENT ATTENDING OR CONSULTING PROVIDER will be responsible for the result of the lab AND the patient will have the labs completed at a UW HEALTH/SwedishAmerican LAB.

If a CONSULTING PROVIDER currently involved in the patient's care will be responsible for the result, you must change the AUTHORIZING PROVIDER on the order to the CONSULTING PROVIDER before signing the order. To do this, click the Providers button near the top of the Review, Sign & Hold tab of the discharge navigator. Update the authorizing provider to the consulting provider.

**(B) SPECIFIC LAB ORDER WITH ORDER CLASS CHANGED TO OUTSIDE:**

These orders should be used if the CURRENT ATTENDING OR CONSULTING PROVIDER will be responsible for the result of the lab AND the patient will have labs completed at a NON-UW HEALTH/SwedishAmerican LAB.

If a CONSULTING PROVIDER currently involved in the patient's care will be responsible for the result, you must change the AUTHORIZING PROVIDER on the order to the CONSULTING PROVIDER before signing the order. To do this, click the Providers button near the top of the Review, Sign & Hold tab of the discharge navigator. Update the authorizing provider to the consulting provider.

The patient will receive a paper order to take to the lab.

**(C) RECOMMENDED DISCHARGE LABS:**

This order should be used to recommend to another provider labs that a patient should have completed after discharge. The provider designated in the 'Send Recommendations To' field is responsible for PLACING the lab orders AND will be responsible for the RESULTS of any ordered labs.

Discharge Labs Workflow Recommended Discharge Labs [NURCOM0075]**Imaging and Additional Testing [130326]** X-RAY CHEST 2 VIEWS DUAL ENERGY [R71046A] Pulmonary Lab Testing - UWH [408766] Pulmonary Lab Testing [999992] REQUEST FOR RESPIRATORY THERAPY PROCEDURE [1009329]

**URL:** <https://uconnect.wisc.edu/growth/training--education/health-link/10-minutes/inpatient/resources/name-82993-en.file>  
Details

Status: Future, Expires: 3/16/2021, Normal, Routine

Routine

Organization: UW

Specify Test: Spirometry

Specify location (if desired):

Reason for Exam: Evaluate lung function post lung transplant

What procedure would you like the specialist to perform? (This does not include a consult or transfer of care.): Ambulatory Oximetry (6 minute walk)