

JOB AIDS

Discharge Process

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Discharge Process

General Overview

- Discharge doc/orders are entered through the **Discharge Desktop** routine
- The **Discharge Desktop** has 5 sections: **Home Meds and New Rxs, Provider Instructions/Orders, Referrals/Appts/Post DC Orders, Education and Forms & Assessments and Information**
- Physicians, Nursing, and Case Managers all use the desktop.
- Some Physicians currently do not use MEDITECH for discharge.
 - If meds are not listed in the *Discharge Medications* line, the physician has not used MEDITECH for discharge.

Nursing documentation includes:

- Referrals/Appts/Post DC Orders
- eHealth Resources
- Patient Instructions
- Discharge Assessments
- Forms

If a Physician does NOT use MT,

Nursing also completes:

- Discharge Order
- Discharge Medications
- Home Medical Equipment

High Level View of Steps

(Detailed steps are on the following pages)

1. Review the **Physician Components**
 - a. If Physician completes discharge – continue with next steps
 - b. If Physician does NOT complete – follow process on next page
2. Review instructions entered by the Physician; click **Preview Patient Report**
3. Enter follow up appointments in **Referrals/Appts/Post DC Orders**
4. Enter at least 1 **eHealth Information Resource** (See Details section)
5. Add a reference sheet(s) in **Patient Instructions** (KRAMES)
6. Add the *Nursing Discharge Instructions & Procedures/Lab Results* in **Forms**
7. Add & Document on appropriate discharge checklist in **Discharge Assessments** *NOTE: Always Recall Values*
8. Review Vaccines Ordered to ensure all ordered vaccines were addressed
9. Check if the **Finalize Rx/Orders** button is clicked (see last page for more info)
 - a. If **Finalize Rx/Orders** is not clicked AND the physician completed the documentation in the system – STOP and CALL to verify with the physician that all actions in **Discharge Medications** are complete
 - i. If YES, then click **Finalize Rx/Orders**
 - ii. If NO, ask the Physician to complete the section & finalize
10. **Print Packet** Do NOT print the packet until you confirm that all documentation is completed. **IMPORTANT: Finalize Rx/Orders** must be clicked before the **Print Packet** button is available. ...

Discharge Process, continued

Physician does NOT use MEDITECH for discharge (Detailed steps begin below)

If the physician does not use MEDITECH for discharge:

1. Follow steps #2 thru #9 on previous page PLUS the following:
2. Obtain a discharge order with instructions and medications (written or telephone)
3. Enter the **Discharge Order** *Note: The Admission Order must be signed before a Discharge order can be entered*
 - a. If a telephone order, enter instructions and medications in the comment section of the order screen (See Details section)
4. Reconcile medications to discharge order and add new prescriptions in **Discharge Medications**.
 - a. Choose either continue or stop based on the physician order
 - b. Enter new prescriptions
 - i. Click **Details** cell and click **EDIT** next to **Patient Instructions** field, then click **Get > Text**. Click **NEWRX** (See “Details” section).
5. Fax new prescriptions/new orders to pharmacy depending on ministry policy

Detailed Steps – Completing Discharge Order

(Nurse enters ONLY if Physician did not use MEDITECH for discharge)

1. Click **NEW** and enter ordering provider & order source (phone or written).
2. Select the appropriate discharge order & click **Edit** - Complete discharge order details
3. If receive a **telephone** D/C order with meds & instructions
 - a. RN enters the order in the Desktop INCLUDES all details AND completes Discharge Med section AND enters instructions in the Checklist
 - b. RN will also write the telephone order on paper depending on ministry policy
 - c. RN will fax new prescriptions/new orders to pharmacy depending on ministry policy
4. If receive a **written** D/C order with meds & instructions
 - a. RN enters the order in the Desktop, but does not have to include all the details in the order
 - b. RN DOES have to complete the Discharge Med section AND enter instructions in the Checklist
 - c. RN will fax new prescriptions/new orders to pharmacy based on ministry policy ...

Discharge Process, continued

Detailed Steps – Entering Discharge Medications

(Nurse enters **ONLY** if Physician did not use **MEDITECH** for discharge)

1. Click **Edit** on **Discharge Medications** line
2. Enter the ordering Physician (the order source is Secondary since it is based on the Discharge Order)
3. Review Home Meds and indicate ‘Continue’ or ‘Stop’ based on Physician instructions

Post Discharge Prescriptions			Cont	Stop	Renew	Details
Home Meds (3)						
Acetaminophen (Tylenol) 325 Mg Tablet 325 MG PO BID PRN PAINM... TAB	Reported		☑	☐	☑	
Docusate Sodium (Colace) 50 Mg Capsule 50 MG PO BID #20 CAP	Reported		☑	☐	☑	
Levothyroxine Sodium (Synthroid) 50 Mcg Tablet 50 MCG PO DAILY #30 TAB	Reported		☐	☑	☑	

4. Enter new prescriptions

- a. Find the drug string & click in the **Details** cell

Standard Medications	NS	Action	Details
SYNTHROID			
25 MCG - TABLET			
<input checked="" type="checkbox"/> 25 MCG PO DAILY <prn> <reason> #30 <days> <rf> TAB		Reported	➔

- b. Click **EDIT** by the **Patient Instructions** field, click **Get & Text** & Click **NEWRX**. This will add the instructions “New prescription – start taking”

5. Click **Save** & click **Save** & click **Select**. Repeat for all new meds, then click **OK** & **Save**. Meds will populate on the Discharge Desktop.

Physician Components	
Discharge Medications	<p>Continued Medications: Acetaminophen (Tylenol) 325 Mg Tablet 325 Mg PO BID PRN Docusate Sodium (Colace) 50 Mg Capsule 50 Mg PO BID #20 CAP Levothyroxine Sodium (Synthroid) 25 Mcg Tablet 25 MCG PO DAILY #30 TAB</p> <p>Stopped Medications: Levothyroxine Sodium (Synthroid) 50 Mcg Tablet 50 MCG PO DAILY #30 TAB</p>

The new prescription text will be seen on the patient report.

6. Click Finalize Rx/Orders ...

Discharge Process, Continued

Detailed Steps – Referrals/Appointments

1. If the Physician completed the discharge in MEDITECH, click **Preview Patient Report** to review instructions given to the patient by the Physician
 - a. To meet Meaningful Use regulatory requirements, at least the follow up physician(s) name(s) **MUST** be entered in the Referrals/Appointments line, even if the physician has it in their instructions
2. Click **EDIT** to enter any referrals or appointments indicated by the MD
3. Choose the type of provider/service
4. Click **Group** cell if known, then **Refer to** cell to enter provider

Referral	Group	Refer to	# Visits	Svc. Date	Diagnosis	Action	Type	Details
<input checked="" type="checkbox"/> Cardiology	NUMAMG	MOHLA001						Reg

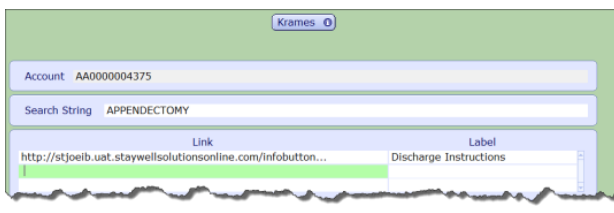
5. Click **Details** cell and enter additional information
 6. Click **OK** & click **Save**
- NOTE:** If patient has multiple referrals/appts, complete the process above for each one.

Detailed Steps – eHealth Information Resources

Add a link for at least 1 health resource page

1. Click **EDIT** and type in topic in the **Search String** & click **KRAMES**
2. Choose an info sheet to open it
3. Right click on URL (at the top of the screen) & Click on **COPY**
4. Close the document (Click black **X** in right hand corner)
5. Click **PASTE** (Do NOT right click to paste link)
6. Click in the **Label** field; add a descriptive label (IMPORTANT)
7. Click **OK**

Note: Do not type in free text field on screen



The screenshot shows a software interface with a green header bar containing a 'Krames' button. Below the header, there are several input fields: 'Account' with the value 'AA000004375', 'Search String' with the value 'APPENDECTOMY', and a 'Link' field with the value 'http://stjoelib.uat.staywellsolutionsonline.com/infobutton...'. To the right of the link field is a 'Label' field with the value 'Discharge Instructions'. The interface has a light blue background and a white border.

Discharge Process, continued

Detailed Steps – Patient Instructions (KRAMES)

If someone has already added patient instructions throughout the patient stay using the **Patient Instructions** function on the Intervention List, this section will already be populated. If not, then follow this process:

1. Click **EDIT** in this section. Use the **Patient Instructions (KRAMES) Lookup** to search for instructions
2. Choose the information sheet that you would like to add, then click **OK**
3. If you can't find what you are looking for, click **Filter by Category**

Filter by Category	
Patient Instructions (KRAMES) Lookup	
<input type="text"/>	
<input type="checkbox"/>	5-Hydroxyindoleacetic Acid (Urine)
<input type="checkbox"/>	24-Hour Urine Cortisol
<input type="checkbox"/>	24-Hour Urine Protein
<input type="checkbox"/>	2009 H1N1 Influenza Swine Flu
<input type="checkbox"/>	A Sample Walking Program
<input type="checkbox"/>	A Walking Program for Peripheral Arterial Disease PAD A1C

Detailed Steps – Forms

1. Click **NEW** & select **Nursing Discharge Instructions & Procedures/Lab Results**
2. Select Cardiac & Stroke instructions for those patient populations (Core Measure requirement)
3. Select others that are applicable to the patient
4. Click **OK**

Select Forms	
Name	
<input type="checkbox"/>	Cardiac Discharge Instructions
<input checked="" type="checkbox"/>	Nursing Discharge Instruction
<input type="checkbox"/>	NB NICU Nurse Dis Instruction
<input checked="" type="checkbox"/>	Procedures/Lab Results
<input type="checkbox"/>	School Release Form
<input type="checkbox"/>	Cardiac D/C Instr (Spanish)
<input type="checkbox"/>	Stroke/TIA D/C Instr (Spanish)
<input type="checkbox"/>	Stroke/TIA D/C Instructions
<input type="checkbox"/>	Work Release Form

Discharge Process, continued

Detailed Steps – Discharge Assessments

This is the section where nursing documents on the discharge checklist

Note: Before starting, take note if someone has already entered documentation (i.e. Patient Belongings). If someone has, it will be seen on the desktop.

1. If the Physician completed the discharge in MEDITECH, click **Preview Patient Report** to review instructions given to the patient by the Physician
2. Click **Edit**. You will be launched into PCS.
3. Select the appropriate discharge checklist
4. Click **Add and Close**
5. Document Assessment
 - Always click **Recall Values** before starting to document to capture any documentation that was previously entered. Only the last documentation will print on the final packet.
6. If the Physician did NOT complete the *Discharge Instructions (PDoc)* line on the Discharge Desktop, enter the instructions given with the Discharge Order in the **Other Activity/Orders Recommendations** query of the Discharge Checklist. NOTE: The * on a query means the information will print as part of the discharge packet

* Activity Orders/ Recommendations	<input type="checkbox"/> As Tolerated <input type="checkbox"/> Limitations <input type="checkbox"/> Other
* Other Activity Orders/ Recommendations	

7. Click **Save** & click **Exit PCS**

Detailed Steps – Vaccines Ordered

Vaccine orders & administration documentation will populate this component automatically. Follow up on vaccines which do not show as administered.

Example: PNA – administered; Boostrix – no info, needs follow up

Vaccines Ordered	Pneumovax 23 Vaccine (PNEUMO2) Boostrix Vaccine PF (Age 7+ yrs) (DIPH,P2)	Administered: 4/7/15 / 1326
------------------	--	-----------------------------

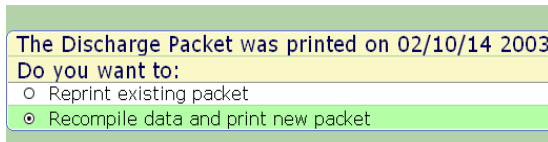
...

Discharge Process, continued

Detailed Steps – Completing Discharge Process

1. When all steps are completed, click **Save & Refresh**
2. Click **Print Packet**

NOTE: If you are presented with this screen while printing the discharge packet **ALWAYS choose Recompile data and print new packet.**



REMEMBER:

- The nurse should NOT “Print Packet” until confirming that all documentation is completed (by all physicians involved in patient care and nursing) either on paper or online.
- **Print Packet** will only be available if all **Required** components have been completed AND **Finalize Rx/Orders** has been clicked.

Trouble Shooting – Packet Printing

- ✓ Are the Rx/Orders finalized?

Low lit = yes



Active = no



- ✓ Have you saved all of your documentation? Check the bottom of the desktop to see if the **Save & Refresh** button needing clicking.



- ✓ Are all the required fields completed? (see screenshot below)

Continued on next page...

Discharge Process, continued

5 sections not completed	
Home Meds and New Rx's	
▪ Discharge Medications EDIT	
Provider Instructions/Orders	
Discharge Instructions (PDOOC)	
Health Concerns EDIT	ex. Speech impairment
Plan of Treatment EDIT	ex. Continue Speech Therapy
Goals EDIT	ex. Improve communication skills
▪ Discharge Orders NEW	
Home Medical Equipment EDIT	
Referrals/ Appts/ Post DC Orders	
Referrals/ Appts/ Post DC Orders EDIT	PCP (Physician,NorCal) Ordered by: Physician,NorCal
Education and Forms	
▪ Patient Instructions (KRAMES) EDIT	
▪ Forms NEW	Return To Work/School
e-Health Information Resources EDIT	patient education links to display in the patient portal
Assessments and Information	
▪ Discharge Assessments EDIT	
Vaccines Ordered	
Lab Results NEW	

What If I Need to Reprint the Discharge Packet?

Preview Patient Report	Print Packet	Print Section	Finalize Rx/Orders
------------------------	---------------------	---------------	--------------------

- ✓ If you need to reprint the whole packet, use **Print Packet**
 - Remember to choose Recompile data and print new packet to ensure the most up to date packet is printed

The Discharge Packet was printed on 06/06/14 1522
Do you want to:

Reprint existing packet

Recompile data and print new packet

Preview Patient Report	Print Packet	Print Section	Finalize Rx/Orders
------------------------	--------------	----------------------	--------------------

- ✓ If you need to print certain sections, use **Print Section**
 - For example, if a section has been updated since the full packet was printed. Note: ALWAYS try to print the full packet - This ensures all components are completed!
 - If the sections are printed before finalizing the discharge meds, all the information will not be captured

Discharge Process, continued

Finalize Rx/Order Button – Additional Info

- Physicians typically click this when they finish their components
- However, if it is not clicked, the discharge meds are kept in a “held” state and will NOT be transmitted until **Finalize Rx/Order** is clicked (Note: The prescriptions will print when saved, but will not transmit until finalized)
- In order for complete discharge med information to appear on the patient report, the **Finalize Rx/Order** must be clicked
- Physicians typically click this when they finish their components
- Nursing can and should click the **Finalize Rx/Order** button if the Discharge Meds & Orders are completed

What if:

- One physician finalizes, and another wants to enter a new med?
 - No problem! The 2nd med will print and transmit immediately – nothing is placed in a “held” state
- A physician wants to change a med and the Rx/Orders have been finalized?
 - The med needs to be changed in MEDITECH AND the physician would need to call the pharmacy (if ePrescribe used) – the changed med does NOT transmit
- Nursing /Case Mgt. has not finished their components and the Rx/Orders have been finalized?
 - No problem! All components can be completed. Finalize Rx/Orders is only associated to AOM orders (i.e. Discharge Meds)

Discharge Process, continued

ePrescribing – Impact to Patient Discharge

It is **CRITICAL to the patient** that you know if discharge prescriptions were printed or electronically sent to an outside pharmacy.

If the medication was ePrescribed, you **MUST** check the following:

1. Was the prescription successfully transmitted to the outside pharmacy?
2. WHEN was the ePrescription entered with respect to anticipated time of discharge from the unit?

It is best to review the patient's Discharge Medication List as soon as you receive a discharge order.

- If the transmission was unsuccessful, then call the MD so that discharge papers and the EMR stay accurate (*see important details in Process section*).
- If the medication was successfully transmitted, ask the patient if the pharmacy will be open at the time they are to leave the hospital and do one of the following:
 - a. Suggest that a family member pick up the medication before the pharmacy closes.
OR
 - b. Notify the MD if someone cannot pick up the medication.

Discharge Process, continued

How to Tell if an ePrescription was Successfully Transmitted

Step 1	<p>On the Discharge screen, click EDIT in the Discharge Medication section.</p> <p>IMPORTANT:</p> <ul style="list-style-type: none"> ○ The transmission status will NOT be viewable on the Discharge screen itself. ○ Do NOT use the Print Preview screen. This will NOT show you all transmission statuses. ○ You MUST click EDIT. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Physician Components</p> <div style="border: 1px solid red; border-radius: 15px; padding: 5px; display: inline-block; margin-bottom: 5px;"> Click EDIT to find out if the prescription was ePrescribed or Printed </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;"> Discharge Medications EDIT </td> <td style="padding: 2px;"> <p>New Prescriptions: Hydrocodone Bit/Acetaminophen (Hydrocodon-Acetaminophen 5-325) 5 Mg/325 Mg Tab 1 Tab PO Q3HR PRN PAIN, Mild to Moderate (1-6) #5 TAB Ibuprofen 600 Mg Tablet 600 Mg PO Q6HR PRN Cramps #30 TAB</p> <p>Continued Medications: Albuterol Sulfate 2.5 Mg/3 MI Vial.neb 3 MI INHALATION Q4H PRN SHORTNESS OF BREATH #25 INH Ascorbic Acid (Vitamin C) 250 Mg Tablet 250 Mg PO DAILY Pnv With Ca.No.72/Iron/Fa (Prenatal Plus Tablet) 1 Each Tablet 1 Each PO DAILY</p> </td> </tr> </table> </div>	Discharge Medications EDIT	<p>New Prescriptions: Hydrocodone Bit/Acetaminophen (Hydrocodon-Acetaminophen 5-325) 5 Mg/325 Mg Tab 1 Tab PO Q3HR PRN PAIN, Mild to Moderate (1-6) #5 TAB Ibuprofen 600 Mg Tablet 600 Mg PO Q6HR PRN Cramps #30 TAB</p> <p>Continued Medications: Albuterol Sulfate 2.5 Mg/3 MI Vial.neb 3 MI INHALATION Q4H PRN SHORTNESS OF BREATH #25 INH Ascorbic Acid (Vitamin C) 250 Mg Tablet 250 Mg PO DAILY Pnv With Ca.No.72/Iron/Fa (Prenatal Plus Tablet) 1 Each Tablet 1 Each PO DAILY</p>																																											
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Step 2	<p>Review the list of medications under the Discharge Plan – Filed Actions section.</p> <p>Successful Transmission: RECEIVED, VERIFIED, SENT</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="background-color: #ffffcc;">Discharge Plan - Filed Actions (15)</th> <th style="background-color: #ffffcc;">Status</th> <th style="background-color: #ffffcc;">Canc</th> <th style="background-color: #ffffcc;">Stop</th> <th style="background-color: #ffffcc;">Details</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;"> Amoxicillin/Potassium Clav (Augmentin 875-125 Tablet) 1 Tab PO BID #28 TAB </td> <td style="border: 1px solid red; text-align: center;">New Rx Xmit: RECEIVED</td> <td style="text-align: center;">↻</td> <td style="text-align: center;">⊞</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> Hydrocodone Bit/Acetaminophen 5 Mg/325 Mg Tab (Hydrocodon-Acetaminophen 5-325) 1 Tab PO Q3HR PRN #5 TAB PRN PAIN, Mild to Moderate (1-6) </td> <td style="border: 1px solid red; text-align: center;">Converted Xmit: VERIFIED</td> <td style="text-align: center;">↻</td> <td style="text-align: center;">⊞</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> Ibuprofen 600 Mg Tablet 600 Mg PO Q6HR PRN #30 TAB PRN Cramps </td> <td style="border: 1px solid red; text-align: center;">Converted Xmit: SENT</td> <td style="text-align: center;">↻</td> <td style="text-align: center;">⊞</td> <td></td> </tr> </tbody> </table> <p>Unsuccessful Transmission: REJECTED, UNKNOWN, PENDING</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #ffffcc;">Discharge Plan - Filed Actions (19)</th> <th style="background-color: #ffffcc;">Status</th> <th style="background-color: #ffffcc;">Canc</th> <th style="background-color: #ffffcc;">Stop</th> <th style="background-color: #ffffcc;">Details</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 2px;"> Furosemide 40 Mg Tablet 80 Mg PO DAILY #30 MG Ref 2 diuretic </td> <td style="border: 1px solid red; text-align: center;">Renewed Rx Xmit: REJECTED</td> <td style="text-align: center;">↻</td> <td style="text-align: center;">⊞</td> <td></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> Fentanyl 1 Each Patch.td72 (Fentanyl 50 Mcg/Hr Patch) 1 Patch TRANSDERM Q3D #5 PATCH Ref 0 </td> <td style="border: 1px solid red; text-align: center;">Converted Xmit: UNKNOWN</td> <td style="text-align: center;">↻</td> <td style="text-align: center;">⊞</td> <td></td> </tr> <tr> <th style="background-color: #ffffcc;">Pending Home Meds (1)</th> <th style="background-color: #ffffcc;">Status</th> <th style="background-color: #ffffcc;">OK</th> <th style="background-color: #ffffcc;">Canc</th> <th style="background-color: #ffffcc;">Details</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> Oxycodone Hcl/Acetaminophen 1 Each Tablet (Oxycodone-Acetaminophen 10-325) 1 Tab PO Q3HR PRN #50 TAB PRN PAIN, Severe (7-10) </td> <td style="border: 1px solid red; text-align: center;">Pending Salcido,Craig A</td> <td style="text-align: center;">⊞</td> <td style="text-align: center;">⊞</td> <td></td> </tr> </tbody> </table>	Discharge Plan - Filed Actions (15)	Status	Canc	Stop	Details	Amoxicillin/Potassium Clav (Augmentin 875-125 Tablet) 1 Tab PO BID #28 TAB	New Rx Xmit: RECEIVED	↻	⊞		Hydrocodone Bit/Acetaminophen 5 Mg/325 Mg Tab (Hydrocodon-Acetaminophen 5-325) 1 Tab PO Q3HR PRN #5 TAB PRN PAIN, Mild to Moderate (1-6)	Converted Xmit: VERIFIED	↻	⊞		Ibuprofen 600 Mg Tablet 600 Mg PO Q6HR PRN #30 TAB PRN Cramps	Converted Xmit: SENT	↻	⊞		Discharge Plan - Filed Actions (19)	Status	Canc	Stop	Details	Furosemide 40 Mg Tablet 80 Mg PO DAILY #30 MG Ref 2 diuretic	Renewed Rx Xmit: REJECTED	↻	⊞		Fentanyl 1 Each Patch.td72 (Fentanyl 50 Mcg/Hr Patch) 1 Patch TRANSDERM Q3D #5 PATCH Ref 0	Converted Xmit: UNKNOWN	↻	⊞		Pending Home Meds (1)	Status	OK	Canc	Details	Oxycodone Hcl/Acetaminophen 1 Each Tablet (Oxycodone-Acetaminophen 10-325) 1 Tab PO Q3HR PRN #50 TAB PRN PAIN, Severe (7-10)	Pending Salcido,Craig A	⊞	⊞	
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Discharge Process, continued

Finalizing the Discharge with ePrescribed Meds

Discharge/RX Orders CANNOT be finalized with medications in a **PENDING** status. You will need to resolve the medication status – see steps below.

The Discharge/RX Orders CAN be finalized when medication is in a **REJECTED or UNKNOWN** status.

HOWEVER, the patient would not receive the medication, because the transmission did NOT go through.

What to Do if an ePrescription Transmission was Unsuccessful – Nursing Process

Step 1	Notify the prescribing Provider that the transmission status is REJECTED, UNKNOWN, PENDING.		
Step 2	Ask the patient whether the Provider completed a paper handwritten prescription or did not.		
	If a handwritten paper script WAS provided, then:		
	Call the Provider to update the Discharge Medication List so the discharge paperwork & EMR are accurate.	If the physician does NOT update the Discharge Medication list, then for a med:	
		In PENDING status	Call CI so they can help resolve the status.
		In REJECTED or UNKNOWN status	Cancel the med & re-enter it. <i>Cancellation Steps below:</i> <ol style="list-style-type: none"> 1. Choose the med 2. Click Cancel in the bottom footer 3. Choose eRX Transmission Issue as the reason for cancellation & file the cancellation Re-enter the medication as “Reported” (For new prescriptions – remember to add “new prescription” in instruction field)

Continued on the next page...

**Step
2
Cont.**

If a handwritten paper script was NOT provided, then:

Step 1 Call the Provider and ask how he/she would like to proceed so that the patient receives the discharge prescription.

The physician could do the following:

- a. Retry the transmission, especially if it is in a PENDING status
- b. Print or hand write & sign a prescription (only if patient is present in the hospital)
- c. Call the prescription into the pharmacy

Step 2

Ask the Provider to update the Discharge Medication List so the discharge paperwork & EMR are accurate.

If the physician does NOT update the Discharge Medication list, do the following for each med:

In PENDING status	Call CI so they can help resolve the status.
In REJECTED or UNKNOWN status	<p>Cancel the med & re-enter it. <i>Cancellation Steps below:</i></p> <ol style="list-style-type: none"> 1. Choose the med 2. Click Cancel in the bottom footer 3. Choose eRX Transmission Issue as the reason for cancellation & file the cancellation 4. Re-enter the medication as "Reported" (For new prescriptions – remember to add "new prescription" in instruction field)